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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### THREE CASES ILLUSTRATING SOME POINTS IN THE PATHOLOGY OF CERTAIN INJURIES OF THE SHOULDER- JOINT.\*

BY C. B. NANCREDE, M. D.,

Surgeon to the Episcopal Hospital, and to St. Christopher's  
Hospital for Children.

A few preliminary anatomical points must be passed in review for the ready comprehension of my later remarks. The shoulder-joint differs in many important points from any other articulation of the body. A moment's reflection upon the almost unlimited range of movement which it enjoys, will at once suggest that the ligaments of this articulation cannot be the means by which the joint-surfaces are held in apposition; otherwise, anything like freedom of movement would be impossible in a ball and socket-joint where the socket is so shallow as in this articulation. What then does hold, firmly apposed, the articular surfaces? It must be something always tightly stretched, yet always capable of lengthening, or rather always practically loose. Nothing but muscle could fulfil any such purpose. In truth, the muscles surrounding the joint are the most important ligaments the articulation possesses. When these are paralyzed, or in the cadaver, the head of the humerus readily falls away from the glenoid fossa. Bearing this fact in mind, you will clearly apprehend that the joint surfaces are kept pressed together solely by muscular ten-

sion. Again, the glenoid fossa, unlike the socket of any other important joint, *has no epiphysis*, which explains to a degree the fact that even in the young the head of the humerus may be so affected as to demand excision, while the glenoid process is either entirely or nearly healthy. Closely related with the scapulo-humeral joint, we find a number of bursæ, some of which commonly communicate with the joint, while others do not. To the former alone I shall devote my remarks. There is a large one between the acromial process and the coraco-acromial ligament upon the one hand, and the shoulder capsule upon the other. The bursæ—the exact sites are unimportant for our present purposes—are situated between the subscapularis muscle and the capsule. An occasional one is placed between the infraspinatus muscle and the capsule, into which it often opens, as do the others just mentioned. Let an inflammation be set up in these sacs, and it certainly spreads to the joint itself, should communications exist, or nearly as surely by mere contiguity of tissue, if no opening between joint and bursæ is present. The articulation is securely covered in by the voluminous deltoid, so that any direct injury to the fibrous or synovial tissues of the joint is almost impossible from direct force, as a blow, although a twist *may* injure it, notwithstanding the latter is more apt to tear the bursal walls. The upper epiphyses of the humerus—of which there are three—coalesce at five years; but they leave a layer of epiphyseal cartilage between head and tuberosities and shaft, which in places either coincides with the capsular attachment, or is actually within it. From these anatomical facts it must be clear that direct force,

\*Read before the Philadelphia County Medical Society,  
March 20, 1884.

as a blow, can rarely injure the joint itself, but must either set up trouble in the surrounding bursæ, or in the epiphyseal cartilage, or in both. Once again, the interior of the joint, the muscles moving the joint, and the skin over their attachment, are all supplied by the same nerve or nerves; so that let a joint injury start where it may, the articulating surfaces of the shoulder-joint are subjected to such an injurious degree of pressure from direct or reflex muscular contraction as is possible for no other articulation. The bearing of these anatomical facts upon prognosis and treatment need hardly be pointed out.

The first specimen I proposed showing was presented to the society some years back, and my reason for again showing it is the sharply contrasted result presented by the second specimen which I shall exhibit.

On November 27, 1878, the society had an opportunity of examining the first patient and the admirable results of the case. To those who were not present, or who have forgotten the details, I will briefly recapitulate the history of the case, with the treatment pursued.

#### **Compound Fracture of the Anatomical Neck of the Humerus.**

"The patient, J. M., æt. 14 years, fell, upon the afternoon of September 23, 1878, from a tree about twenty-five feet, landing on the ground, but striking in his fall against the branches of the tree, and sustained the following injuries: The shaft of the humerus was separated from the head and greater and lesser tuberosities. The line of fracture closely followed the epiphyseal cartilage, although in several places the diaphysis was fractured. The shaft, slightly split, was driven through the integuments over the lower part of the deltoid muscle on its anterior aspect, tearing in its course the following parts: the insertion of the deltoid was completely stripped off with the subjacent periosteum; the coraco-brachial, teres major, and latissimus dorsi were in like manner torn off, the latter carrying with them the posterior lip of the bicipital groove. The tendon of the pectoralis major was torn off about half an inch from its insertion, and one, if not both heads of the biceps, was ruptured. In consequence the head and neck of the bone, deprived of periosteum, merely hung suspended by the capsular ligament and the rotator muscles. The shell of bone connected with the head and tuberosities was fissured at various portions of its circumference, as if by the impacting action of the wedge-shaped extremity of the shaft. I enlarged the wound and removed the fragments you see, viz.:

4½ inches of the humerus, including its head. Seven weeks after the operation he could remove his coat, vest, and shirt without assistance. Ten weeks after the injury considerable reproduction of bone, even up to the margin of the glenoid cavity, was observed, with new attachments for the pectoral and latissimus dorsi muscles, as determined by Dr. C. T. Hunter. The actual shortening consequently amounted to only 1½ inches. He had perfect use of the forearm, could put his hand to his mouth, behind his back, and to his ear. Of course he had lost all over-hand movements."

The course of treatment pursued, and my reasons for deciding upon it, seem worthy of detail, since such injuries are but seldom seen, and, as far as I can discover, no clear rules have been laid down for their treatment. To the members of this Society who devote themselves especially to surgery, I need hardly say that no question of amputation arose in my mind; but to those in pure medical practice I would say, that when the main vessels and nerves of a limb remain intact, the injury to the soft parts having been produced by the bone itself, not the fracturing force, almost any degree of shattering of the bones may be recovered from, in the young, without amputation. Two lines of treatment then offered for consideration, viz: the simple return of the bone, closure of the skin-wound, drainage, and trusting the case to nature; or the resection of the injured bone. Theoretically the first would have seemed the better course, promising no shortening of the limb, and the retention, in a measure, of the power of the deltoid. In reality, however, the chances of union were not one in a thousand; and if not union, then necrosis with its consequent shortening; necrosis, too, meaning months or years of inflammation and suppuration, matting the muscles together so that when recovery occurred—almost necessarily by an operation—the usefulness of the limb would be but slight. Resection, on the other hand, offered the complete removal of all injured portions of bone, and with them the most important factors of trouble after such an injury, thus permitting rapid healing, and the smallest possible amount of inflammatory adhesions between muscles, tendons, etc. If the bone had been simply returned, the risk to life would have been greater, owing to the prolonged suppuration incident upon the separation of the necrosed bone and the deep-seated abscesses so common after compound fractures. Against it was the absolute shortening of the arm, with the prospective cessation of growth due to removal of the upper humeral epiphyses.

The actual result, I think, bears me out in the course of treatment pursued; for I hardly think that in seven weeks he would have been in so good a condition, with the wound soundly healed, if I had followed what is often, but falsely, called the "conservative" plan of treatment. I believe that true conservatism indicated exactly what I did. The amount of shortening would not have been much less had the case been left to nature and necrosis. Had this occurred, union of the severed head could not have taken place; and then the same shortening would have obtained, as surely as if the epiphysis had been removed. Army experience has shown that when a portion of the upper end of the humerus is removed for injury, nothing is gained by leaving the uninjured head, since it necroses.

Although not cognizant of this fact of experience at the time of operation, anatomical knowledge, general surgical principles and experience, induced me to arrive at a conclusion by *a priori* reasoning, which I have since found that extended experience had already proved.

I believe, therefore, that, theoretically and from experience, resection ought to be performed for such injuries. It is hardly necessary to say anything about the operation itself, since each case must be a rule for itself, the only point being to remove the bones with as little additional damage to the soft parts as practicable. The wound was dressed antiseptically, and when I transferred the wards to my colleague, Dr. Packard, no suppuration had occurred, and there was not the slightest inflammatory blush about the wound. He did uninterruptedly well, and the wound was soundly healed in less than seven weeks, the greater part at a much earlier date.

Sharply contrasted with this case and its results is that of the patient from whom the next specimen was removed, where the head of the humerus, luxated and partially fractured and protruding through the skin of the axilla, was *reduced* instead of being resected. Here the tension of irritated, lacerated muscles, conjoined with the necessarily imperfect drainage, kept the injured bone bathed in unhealthy pus. This, with the injury, resulted in an osteomyelitis, which necessitated my amputating at the shoulder-joint. I believe, had the head of the bone been removed, a fairly useful limb would have been the result at the end of a few weeks' treatment; while instead, after three months of illness and risk to life, amputation was the best I could do for him.

**Compound Luxation (with Fracture) of the Shoulder-Joint.**

"—, at. 30 years, man, three months

ago had his right arm caught by the belting and drawn over a large drum in a position of extreme abduction and probably of extension. The head of the bone was luxated, the greater tuberosity torn off, and the caput humeri thrust through the axillary integuments near the anterior axillary fold. When I first saw him at the Episcopal Hospital, after the accident, he was very pale, with a constant discharge of pus from an opening at the site of the old wound, *i. e.*, near the anterior axillary fold, while the orifice of another deep-seated sinus was seen over the middle of the triceps on the outer side of the arm. A probe introduced into the anterior sinus readily touched the denuded carious head of the humerus. I attempted to excise the head of the bone, but when prepared to saw it, after its protrusion through the wound, I found such evidences of osteomyelitis as to render amputation at the shoulder-joint necessary. He did well and recovered; but even some months later a sinus existed, doubtless the result of necrosis of some of the fragments of periosteal bone, produced by that irritated structure. As before said, had the head of the injured bone been excised, a useful arm would have probably resulted."

The third and last case is one where a comparatively trivial injury, owing to non-treatment at first, resulted in a condition which demanded resection of the shoulder-joint.

**Chronic Arthritis of the Shoulder-Joint: Epiphyseal Abscess of the Humerus.**

"Anna M., at. seventeen years, was admitted to the Female Surgical Ward of the Episcopal Hospital, May 14, 1883. One year ago last May she fell down stairs and struck her shoulder. She was unconscious for a short time, but was soon able to walk home. The arm did not become inflamed, and seemed to the patient well. Nine months after the fall she noticed pain in the shoulder, and an elevated papule formed near the joint, which was opened at the dispensary. This relieved the pain, but left a fistulous tract discharging healthy pus. She attended the dispensary until the 14th of last May, when she was sent into the house, Dr. Seltzer, the Assistant Surgeon on duty, having touched dead bone with the probe. After admission she had pain from time to time, gradually increasing in intensity until shortly before operation. Other free openings for drainage were made by Drs. Simes and Kelley. The probe detected an apparent sequestrum within the humeral head. Diagnosis, epiphyseal abscess.

"The operation showed complete destruction of

the joint, acarious and denuded humeral head, with an abscess about the epiphyseal site containing a sequestrum. The glenoid cavity was denuded of cartilage and roughened. The portions of head and shaft, such as you see, were removed, while all the glenoid cavity was cut away with the gouge-forceps, except where the long head of the biceps was attached. Further details of the operation are unnecessary. The patient was practically well at the end of two weeks. Perfect quietude of the joint at the outset might have averted all subsequent trouble."

What was the condition here after the accident? Probably the bursæ and fibrous tissues surrounding the joint were involved, and the vascular epiphyseal cartilage was congested from the jar and injury of the fall. Congestion of all these parts, instead of being relieved by complete functional rest of the articulation, with the local application of ice, leeches, etc., as appeared indicated, was kept up by the girl following her usual occupation of housework. Although in no sense markedly strumous, yet the tendency was in that direction. As the congestion increased, inflammation and suppuration were set up in the bursæ, the disease spread to the articulation, gelatinous arthritis with epiphyseal abscess supervened, notwithstanding the skillful treatment of my colleagues who, *too late*, had the opportunity of treating the case.

#### THE TREATMENT OF SOME OF THE EFFECTS OF SEXUAL EXCESSES.

BY JOSEPH L. BAUER, M. D.,  
Of Lehigh, Pa.

(Late Lecturer on Genito-Urinary Surgery, St. Louis College of Physicians and Surgeons.)

In studying the works of Acton and Lallemand, one is struck with the singular pictures there painted of the serious results of sexual excesses. We are seized with doubt, and are apt to ascribe them to a highly-gifted imagination. The late Dr. G. W. Beard was also possessed with a similar happy faculty of portraying the same conditions; with the difference that in coining *neurasthenia*, *myelasthenia*, and *cerebrasthenia*, with their numerous attachments, he made some other diseases fit upon the same foot. We had heard a great deal of this book, and determined to study it carefully. A conclusion was reached rapidly, viz., that Americans think, eat, drink, and sleep differently from other nations of the earth, and hence suffer horrible tortures from the several *thénias* above enumerated. A second thought arises, however; we are struck with the fact that

the great majority of conditions therein described are *but the consequences of sexual excesses*, beautified by an elegant nomenclature. In fact, the descriptions have been absorbed *ad libitum* by a quack concern in New York city, with the usual charitable intention of such impostures. We are fully acquainted with the great differences in cases attended by individual surgeons; we acknowledge that sexual excess sometimes produces serious pathological conditions (Erb, Rosenthal), hence we should qualify our doubts somewhat. But when all things are equal, authority, however great, should be cast aside, and stubborn facts alone should rule.

A large number of cases attributable to the effects of excessive venery, have given me an opportunity of testing the value of different methods of treatment, as well as giving me a fair idea of the relative differences between excessive coitus and frequent masturbation. In one of the medical journals of St. Louis of 1882 and 1883, the reader will find an extended delineation of my views. Therein I have endeavored to show that there is an *essential difference in the orgasm*, the *seminal ejaculation*, and in the *mental and physical results*.

"When impelled by sexual excitement, the male seeks intercourse with the female, the erectile tissues of the genital organs become turgid with blood (MUCOUS MEMBRANE OF URETHRA ALSO, J. L. B.) (§ 276), and the surface acquires a much increased sensibility: this is especially acute in the glans penis. By the friction of the glans against the rugous walls of the vagina, the excitement is increased (as it is also in a small vagina and in masturbation, J. L. B.), and the impression which is thus produced at last becomes so strong that it calls forth, through the medium of a ganglionic centre, probably situated in the lower portion of the spinal cord, a reflex contraction of the muscular fibres of the vasa deferentia, and of the muscles which surround the vesiculæ seminales and prostate gland. . . . The high degree of nervous excitement which the act of coition involves, produces a subsequent depression to a corresponding amount (*ergo, the greater the excitement, as in masturbation, the greater the depression*); and the too frequent repetition of it is productive of consequences very injurious to the general health. This is still more the case with the solitary indulgence, which (it is feared) is practiced by too many youths; for this substituting an unnatural degree of one kind of excitement for that which is wanting in another, cannot but be still more trying to the bodily powers."\*

\* W. B. Carpenter, M. D., Principles of Physiology, 1846, 888.



I have also tried to prove that the reasoning faculties may not be impaired, and yet there is a potent change in the volitional qualities of the individual afflicted, which tends to the continuance of a habit formed, over which the will has lost its entire control, notwithstanding a full realization of the consequent pain such sensations may occasion.

"In man, . . . the principal operation of the sexual sensations is in awakening desires and affections, which serve as excitements to the intelligence and as motives to the will; and it is only, under ordinary circumstances, when the two sexes have been thus brought into close relation, that direct reaction of the sexual sensation manifests itself in automatic movements. In cases, however, in which this sensation is excited in *unusual strength*, it may completely overmaster all motives to the repression of the propensity, and may even entirely remove the actions from volitional control."\* And I have tried to prove, that the volition cannot be aroused by moral suasion only; that the habit cannot be overcome by the barbarous method of infibulation, practiced somewhat by German surgeons; BUT THAT IN BAD CASES THE INDIVIDUAL MUST BE RELIEVED OF HIS FEAR OF WOMAN, AND BE TAUGHT THAT NORMAL COITUS IS HIS ONLY SAFETY.

I do not desire to transcend the intention of this article with a lengthy rationale of the conclusions stated above: future opportunities will permit of a more extended discussion.

Now, what are some of the effects of sexual excesses?

Deep urethral hyperæsthesia, producing irritation of the genital centre of the spinal cord: (1) increasing or decreasing the inhibitory influence which the brain exerts upon the genital function; (2) irritation of prostate gland; (3) congestion of seminal vesicles; (4) spermatorrhœa; (5) stricture of the urethra; (?) (6) nervous disturbances of the intestinal tract, i. e., dyspepsia, flatulence, constipation; (7) palpitation of the heart; (8) impotency (psychical and organic); (9) melancholia, hypochondria, and insanity.

Other disturbances are met with which, however, do not concern us just now. What are we to do when we have to deal with irritation of deep urethra, spermatorrhœa, stricture of urethra (?), and impotency? In fact, cannot all these effects be relieved by medication—local and internal—without resort to fashionable instrumentation?

Is it necessary that we should jam bulbous metallic sounds into every such urethra, and detect a NARROWED CALIBRE and a membranous constriction? In fact, should the urethrotome be considered the special panacea for such discoveries?

In consequence of the continued excitation of the entire genital tract, there is a sequential hyperæmia of the mucous membrane of the urethra as well as a CONTINUED hyperæsthesia of the terminal nerves imbedded in the mucous membrane. But, as far as experience, personal as well as otherwise, teaches us, there are but a few isolated cases on record of typical inflammation resulting therefrom. I cannot, therefore, appreciate how it is possible that stricture of the urethra can ensue, unless the laws of pathology are reversed, and we are taught that every congestion long continued must necessarily result in effusion of lymph. I am well aware that the constant exercise of a reflex act may influence muscle, as well as alter the function of nerves, but I have not learned in how much such continued reflexes influence elastic tissue, upon which urethral calibre depends, unless altered by the products of inflammation, *unless it be the circular muscles of the urethra*. The discharge which accompanies some of these effects can surely not be attributed to an inflammatory condition, since the mucous membrane contains numerous glands, which supply a lubricating fluid, or modify the semen. It is self-evident that over-action of the entire nerve-supply of the genital tract produces also over-action of many of the secretory functions.

Clinical experience has demonstrated that the consequences of sexual excess are to be found almost *in toto* in the nervous system, and that few or no ORGANIC CHANGES take place. It might be asked, if this be so, why is it that—given urethral hyperæsthesia from these stated causes—we use gradually increasing sizes of sounds, and accomplish much with them? I might also ask at this juncture, *why does this hyperæsthesia exist along the entire urethra, and is intensified in the deeper portions?* Physiology teaches us that the intensity of the orgasm is experienced in the prostatomembranous portion of the urethra, where the nerve-supply seems to be more closely approximated, greater, and connected with ganglionic bunches. The corollary would be correct, therefore, that at this point we should expect to find the greatest effects. And it is to this point that Profs. Otis and Gross, the late Prof. Brown, and Dr. Mastin, of Mobile, seem to direct their surgical engines. But Prof. Gross, in a late work on Diseases of the Male Genital Organs, lays enthusiastic stress upon the

\*Wm. B. Carpenter, M. D., Principles of Human Physiology (Smith), page 684, § 556.

miraculous work that the urethrotome has done in these cases.

Now, let us examine the *modus operandi* of Prof. Gross. A patient presents himself to the doctor suffering from the effects of masturbation. The penile organ is small and flabby; the meatus puffy, congested, and the lips agglutinating. A bulbous metallic sound of small calibre is introduced, demonstrating considerable hyperæsthesia of the urethral tract, and *some difficulty of moving onward*. Upon its withdrawal an *impediment is felt in the membranous portion*, but a little exertion allows the instrument to glide over it. When withdrawn the distal end of the bulb is crowned with a gleety secretion. The circumference of the penis is then taken, the ought-to-be calibre decided; urethra-metre introduced; and at points of resistance, whether in the anterior, middle, or deep portions it is cut to the proper calibre. A steel sound is introduced frequently, and the patient returns home a happy man.

Before proceeding to criticise this method of treatment, it were well to consider a few anatomical points.

a. The urethra is a membranous tube, with diameters varying in different portions.

b. Elongation of the canal is fostered by the existence of longitudinal muscular fibres, chiefly in the deep urethra.

c. A change of urethral diameter is governed by elastic tissue and circular muscular fibres.

It seems to me, therefore, that an excessive irritation of peripheral nerves would exert itself upon the muscular structure, depending upon such irritation for their physiological action. If such be possible, can not we assume, that the opposition to distension in the application of the urethra-metre is due to spasm of these circular and longitudinal muscles? And is this not the case, where spasmodic stricture is produced by the use of sounds, and other causes of peripheral irritation? I am well aware that this does not coincide with the dictum of Prof. Otis and his disciples, who hold that the cause of spasmodic coarctation must be sought in the organic narrowing of urethral calibre. But it is a clinical fact, that these very coarctations, which are so effectually removed by urethrotomy, can be, and are, removed by the careful and progressive use of sounds, and the anti-spasmodic influence of the constant electrical current. And I believe also, that the sounds have the same effect upon a nerve that nerve-stretching has upon sciatica and locomotor ataxia. Indeed, I had the opportunity of examining a patient who had been suffering from the effects of masturbation, and who had been cut

by one of our reputed eastern urethrotomists, in which no relief whatever ensued, but the ailment subsequently subsided by a purely sedative treatment.

(To be Continued.)

#### THE HEALTH OF WOMAN AS COMPARED TO THAT OF MAN, ESPECIALLY IN RELATION TO MARRIAGE.

BY GEORGE HAMILTON, M. D.,  
Of Philadelphia.

This subject has for some time past received a good deal of attention, and, during the few past years, it has been made to assume increased importance, not only in medical lectures and writings, but also in the transactions of associations established for the advancement of hygiene. As a rule it will be found that the status of woman in regard to health is represented to be much lower than that of man. In this point of view it is not surprising that, from the time she has arrived at marriageable age, attention is chiefly given to this period of her life, and expressions of regret are often heard that so many are ill-prepared for the duties and exigencies of married life. But while this unfavorable view is in many cases justified, is it not far more frequently entertained than a due consideration of the facts pertaining to this subject will warrant? Is there anything, at the moment of birth, or for years after, indicative of a more feeble constitution, or greater proclivity to disease, in the female than in the male, so that doubts might arise as to her capacity to occupy the future position assigned her by nature? On the contrary, statistics show that more male than female children are still-born, and also that more males from birth to the fifth year perish than females, chiefly owing to their greater disposition to disease of the brain. As the female approaches womanhood, and for some years after, especially if she marry very young, the chances for health and longevity are to some degree diminished. Taking the entire period of child-bearing, statistics are not in accord as to the comparative mortality; but beyond that period the chances, for health and length of days, turn strongly in favor of the woman. But this prolonged existence may readily be explained in the fact that not very many women are addicted to the use or abuse of intoxicating liquors—an abuse of a character, as all statistics prove, to cause in men an enormous amount of physical and mental disease. To agencies of another kind are often attributed the unfitness of very many females for the duties and trials of wedded existence. Lec-

turers and writers upon this subject have, as it were by common accord, placed in this class many of the daughters of wealth and fashion. In this class, as in every other, may be found those who, by inheritance or otherwise, possess feeble constitutions, and who in matrimony may not only incur risk of further injury to health, but whose offspring may have constitutions similar to those of the mothers. Another class, having good health and constitution, may, through a constant, protracted course of fashionable dissipation, destroy or greatly impair both, and may thus, so far as matrimony is concerned, be placed in the category alluded to. The number in both classes is, the writer has reason to believe, comparatively small; so small, indeed, as not to justify a general charge against this condition of society, as an appeal to facts may prove.

Let us, for instance, stroll, at certain hours of the day, through that portion of the city which, par excellence, may be regarded as one of the most fashionable and wealthy, having as its centre Rittenhouse Square, and what will at once gratify and attract our attention so much as the numerous groups of children in and about the square, of every age, from the infant of a few months or a year, up to children of perhaps eight or ten years? Infants, too young to walk, are being trundled about in all directions, their pumpernicks, rosy complexions, bright eyes, and cheerful looks, giving visible evidence of their excellent health. Others of suitable age are, by direction of intelligent parents, instructed to avoid the coach, and thus bring the muscles of the limbs into action, and thereby increase the appetite and power of digestion, so as to improve the strength and tone of the whole system. When old enough, the children (girls as well as boys) are provided with a variety of implements used in various amusing and healthful games, or with one or other of the many machines now in vogue for rapid and pleasant locomotion. But again, the residences of these children are nearly always large, admitting perfect ventilation, and provided with conveniences that conduce, in no small degree, to the comfort and well-being of the occupants. Another point, greatly advantageous to daughters, from childhood to womanhood, is that, as a rule, the parents are educated and refined, and are therefore the better able to discover and carry into effect all that pertains to the physical, intellectual, and moral welfare of their children, especially as regards the daughters.

Thus far, it may be said, very good; but, arrived at womanhood, then comes the trial, by en-

tering upon a round of fashionable dissipation that too often attends the social status in view, especially when no incumbent occupation or duties interpose an obstacle. But there is another side to this picture, in the fact that only a part of the time is thus employed, and a very large number of these devotees of fashion spend much of their time in riding in the open air, or, like the ladies of England, in promenading—the best of all exercises. Again, as soon as the season arrives for leaving the city, a very large majority close their houses, repair to their summer homes, or to the almost innumerable places of resort by the seaside, or to situations (in rural sections) noted for their salubrity. Here their enjoyments are in a great measure of an active kind, and are thus productive of increased health and strength.

That there are other, and quite opposite, conditions of society, in which the females are incomparably less healthy than those in question, is beyond doubt—and have far less qualification for matrimony, or longevity.

But what are the actual qualifications of man for matrimony, as compared with woman? If the statistics of some writers be correct—that the mortality of woman, during the whole period of child-bearing, is about the same as that of man for the same period—then the conclusion is inevitable that some deleterious agents are in operation upon man; for women must surely encounter certain risks peculiar to pregnancy and accouchement.

As intimated above, the use, or rather abuse, of intoxicating liquors, is so common with men that probably ten of them suffer mentally and physically from this cause for one woman. But this is not all; for, as is well known, the stimulus of alcohol, in any form, is too often the stimulus of every evil passion; and as men generally defer marriage to a later period than women, so are they more apt to become the victims of dissipation of every kind, and consequent disease or debilitation. This condition exists in every class of society; and where the pecuniary condition is abundant, the temptation and inducement are thereby increased.

From this statement, may it not very often happen that favorable qualifications for matrimony are deficient on the side of the man rather than of the woman?

The writer is aware that this view may not accord with that of the gynecologist or the special accoucheur; but would not the large amount of this special practice induce those engaged in it to imagine that such cases are far more numerous than the general practitioner could admit?

In the "Report of the Medical Association of

Missouri for 1883," may be found a well-written and elaborate paper upon this subject. After making due allowance for such cases in men—accidents, dissipation, or other agencies—and allowing in like manner for such influences as may at certain periods affect females unfavorably, Prof. Schenck, the author of the paper, seems inclined to the opinion that woman has the greater vitality, and that under equal conditions she has a better prospect of length of days. This opinion, granting that equal conditions were possible, is well-founded; but while man, in general, has greater muscular power, that is no evidence of greater or even equal vitality; for it not unfrequently happens that neither the man nor the woman of large bone and muscle has the hardihood and endurance of persons of moderate conformation. But was it not absolutely necessary, in view of the destined life of the woman, that an all-wise Providence should endow her with an amount of vital endurance commensurate with the tax upon her constitution that pregnancy, child-birth, lactation, and the care of her offspring, would impose? In regard to ability to support attacks of fever or other acute disease, the writer has generally found the advantage to be on the side of the woman; and the accoucheur and the gynecologist, in particular, could not fail to have observed the frequent recuperation of females after extensive surgical operations, and immense losses of blood occasioned thereby, or as occur in cases of abortion and accouchement.

## HOSPITAL REPORTS.

### TREATMENT OF EPITHELIOMA OF THE UTERUS.

CLINICAL LECTURE DELIVERED AT THE LONG ISLAND COLLEGE HOSPITAL,

BY DR. A. G. C. SKEWE,

Professor of Gynecology and Visiting Surgeon to the Hospital.

Reported by EDWARD DEVELIN, M. D.

GENTLEMEN: The patient whom I here present to you is a married woman, thirty-five years of age. She was married at the age of fifteen, and has since borne eight children, the last child being now eighteen months of age. Six months ago she was compelled to wean the child, owing to exhaustion on her part from a hemorrhage from the uterus. She states that she underwent an operation for this difficulty, but that it afforded her no relief; that the hemorrhage still continued from time to time. She also informs me that with none of her other children did her menstrual flow commence until she had weaned them; but with the last child, after nursing for some months, she had, on two occasions, a flow which probably was menstrual; but following these, she had repeated

attacks of metrorrhagia, and it was for this latter that she was operated upon. As I before stated, this treatment was useless; and at the present time there is more or less hemorrhage occurring about every third or fourth day. She is also suffering intense pain, and during these periods becomes greatly prostrated.

On looking at this woman, we see a person who is not at all emaciated, but, on the contrary, one who has rather an abundance of adipose tissue. She is extremely anemic; her pulse is now about one hundred and twenty, more like the pulse of a little child, weak and feeble, owing to these continued hemorrhages. The complexion has a peculiar cachectic appearance, accompanied with a slight flushing of the cheeks; the skin is dry, harsh, and ill-conditioned. She is suffering from general derangement of nutrition. As the woman now rises to leave the room, she at once places her left hand over the region of the ovaries, the pain in the pelvic organs being so intense; you also notice that her gait is feeble and unsteady.

An examination has previously been made as to her condition before entering the lecture-room, and I will now demonstrate upon the blackboard the appearance of the uterus. When we secure such a history as we have just now received, we can almost diagnosticate our case at once without further examination. It is certainly out of the ordinary line of health for a patient to have recurrence of the menstrual periods, if such they were, so soon after the birth of her child, which, in turn, were followed by this metrorrhagia, which from the exhaustion ensuing, necessitated the weaning of the child.

When we take all these points into consideration, together with the severe pelvic pains, we are convinced that there is some serious difficulty, and that an investigation is needed.

Now, we find here that the uterus is much enlarged in both body and cervix; the cervix, however, is more in proportion than the body. The os externum is widely opened, and the outer portion of the cervix is rough and ragged. If you can imagine the cervix looking very red and angry, bleeding under the slightest touch, you have a fair idea of the condition I desire to impress upon you that the cervix presents. In addition to this, you must remember that it is greatly increased in size. We have then not only all the evidences of sub-involution, but more than that: we have here a new growth involving the entire canal of the cervix; and by this time perhaps nearly every one of you is ready to state that we have here a case of malignant disease. She is but thirty-five years of age, and has not yet entered the descending plane of life, which is, as we know, rather early for malignant disease to appear. I have no doubt, however, that such is the case, and that it is with malignant disease that we here have to deal.

The question is as to the form of malignant disease. This new growth, of irregular, cauliflower formation, indicates epithelioma; and the intense density of the other portion of the cervix suggests that it may be a development of epithelioma upon a scirrhus base; the epithelioma choosing the mucous membrane, and the scirrhus choosing the deeper tissues; this may sometimes occur. This at least is my diagnosis in relation



to the pathology of this growth of new tissue here developed.

The patient, although very fleshy, is extremely weak; and she is beginning to show that condition of nutrition of the skin which gives us this cachectic appearance. It is a strange fact that this kind of an organization, those having a superabundance of fat, are more likely to develop malignant disease than those of spare, lean habits. It is this kind of organization which is predisposed to malignant disease. It is a rare occurrence for a thin, wiry individual to develop malignant disease in the earlier years of life.

Another point worthy of notice is the pain which the patient suffers; for you remember that when the intra-vaginal portion of the cervix is involved in malignant disease, pain is the exception to the general rule. So that when we read of the diagnostic pain of cancer, we know that the statement is misleading in relation to cancer of the cervix alone, for unless the upper structure of the uterus be involved in this malignant disease, pain is very rarely or never felt. This then, placed in relation to the case now before us, would lead us to accept the fact that the upper structures of the uterus are also involved; and our previous examination has proved that it is so, and therefore no exception to the rule.

Having now obtained all the facts in relation to the case, the question arises, What can we do for her? You will first naturally ask, What was the previous operation? In all probability, it was no operation at all. I have two very good reasons for making this statement: the first is, that no evidences of any operation ever having been performed can be discerned; the second is, that the man who performed this so-called operation, I have learned, has since been arrested for practicing without a diploma. This is a painful thing to report, when the life perhaps of a fellow creature has been involved by such criminality. But it is far from unfrequent that we find such charlatans choose the uterus as their field of operations, as their maltreatment is not likely to be exposed. They can damage this organ without much danger of their trickery being discovered, and it is in the field of gynecology that these charlatans work such ruin and mischief. The man in this case before us was not detected in his humbuggery, for such I am sure that it was; although we have here but too evidently, in the suffering of this poor woman, a blight and disgrace to our profession and government, that such men, at the present enlightened day, are allowed, even for a short time though it may be, to abuse the noblest calling that we have the honor to represent.

I am reminded of this very forcibly by the facts relating to a lady who came to my office recently with a friend, stating that she believed she had some uterine trouble, and wished for an examination. I asked her who was her attending physician, and, had she given me the name of some reliable man, I should have given due weight to his diagnosis; but she stated that I did not know him, and declined to mention his name until I had made my examination and given my diagnosis. I had therefore nothing to do but make my examination, which I carefully did. I then found a small cyst protruding from the cervix, a mere trifle, which was only peculiar because it was pro-

truding and not imbedded in the walls of the cervix. It was simply superficial, and much more easily removed than a wart upon the hand, and with as little danger. She was remarkably healthy in every respect; her sexual organs were perfectly developed, and free from disease. This little cyst being near the canal of the cervix, had given rise to a hyperæmic condition and slight leucorrhœa. I assured her this was of but little consequence, and could easily be removed; and had she not held me to certain restrictions, I should have removed it at that time. She then informed me that her physician had told her that it would be necessary to perform an operation, involving the amputation of the cervix, and that his fee for this operation would be three hundred dollars. Her friends, however, advised her before consenting to this operation to consult me. I removed this small cyst shortly after, and a few days following she presented herself at my office perfectly well. Had she been guided by this other man, she would probably have lost the neck of the uterus, and paid a large fee for the mutilation.

I am disposed to be charitable to the profession in general, as they have been charitable towards me; and when we make an error in judgment after we have sought knowledge in every channel, we are not held accountable. But when a man intentionally and wilfully submits patients to humbuggery, as I believe was the intention in this case, I can find no language strong enough to be used against him.

The question in the case now before us is, can we operate? I frankly tell you no; for this reason: If we can get above the diseased tissues we can operate, and I think in many cases prolong life. But when we have the disease extending above the cervix, or involving the tissues around the uterus, operations in my opinion are generally useless, or at most palliative. It is stated by some that we may do much by removing as large a quantity as we possibly can of the abnormal tissue, by means of the thermo or galvano-cantery, as by this means the hemorrhage is checked for a time. Beyond this, however, I think no good results are secured in these cases. I have seen but very few cases where there has been any reason to believe that any success ultimately attended the operation.

The operation of entirely removing the uterus is now becoming fashionable among surgeons, and you may perhaps ask, why not do so in the present case? I can only say, that to perform this with any advantage you would have to operate very early in the disease, before any of the tissues surrounding the uterus were involved, and before the patient's health became markedly deranged; and I must say that I have never had the courage to operate, so that I may be somewhat behind the age in this department of gynecology. When the disease does become established, removal of the entire uterus may fail to relieve the patient; and even should it prove successful, so far as the patient surviving the operation is concerned, will you give her a longer lease of life! The operation is so formidable a one that I have never performed it in these cases of malignant disease, and I do not know that I ever shall.

I believe that when we have statistics of some

hundreds of these cases of the removal of the uterus for malignant disease, and compare them with an equal number of cases of malignant disease of the uterus which have not been operated upon, that the ones not operated upon will give us the best results. Removal of the uterus in malignant disease is only a slight possibility of cure, and I have not taken kindly to the operation. It may be timidity on my part, if such you choose to term it; but I would rather be among the timid than among the daring, and I am willing to wait until we have more positive knowledge regarding this heroic treatment of cancer of the uterus. Palliative treatment only is then left for us in these cases, in my opinion.

I was very much pleased to notice a recent article by Dr. Reeves Jackson, of Chicago, in which he takes precisely the same ground as I do in relation to these cases, stating his views in a most concise and clear manner.

You must not, however, abandon your cases when the disease has advanced beyond the reach of operative surgery; you can do much toward relieving the sufferings of the patient, and to a very limited extent prolong their days.

In the first place, the intense pain is to be relieved by the administration of opium in quantities, no matter how large they may be, sufficient to relieve the suffering; administering the opium regularly. You have doubtless all heard me declaim earnestly against the use of opium in the management of benign diseases of the uterus and ovaries, because of the danger of establishing the opium habit. But in the malignant disease of these organs, I pursue exactly the opposite course, and establish the opium habit as soon as possible, believing it to be the only way to secure comfort and relief from pain in this most distressing affliction. I have also found that by the use of a tampon of marine lint, the patient could be guarded from these dangerous attacks of hemorrhage; and more than that, the peculiar discharge characteristic of this disease is taken up and disinfected by the tampon—so that the patient is relieved from the irritation which usually follows about the introitus vulvæ, and also from the continuous offensive flow. The tampon should be changed every day, or every night and morning; a skillful nurse can be taught to employ it most effectually. I have found this treatment to afford the patient great comfort. I have also found in quite a number of cases—I think seven in all—of epithelioma which commenced in the cavity of the body of the uterus, that the hemorrhage could be checked for a time by simply removing the cauliflower growth with the curette, and subsequently injecting the uterus with a saturated solution of the chloride of zinc.

As regards the constitutional treatment of epithelioma of the uterus, I have but little faith in any remedies in the advanced stage of the disease. If we could detect the tendency to malignant disease, we might do much towards preventing its development by good hygienic and tonic treatment, especially by the use of iodine and arsenic; and we may even gain something by such treatment in the incipient stages of the disease; but in these cases as we usually find them it avails but little, in my opinion.

In comparison with the case we have just seen,

in which the whole uterine and probably surrounding tissues are involved, I will mention that of a case now in the hospital, in which the disease involves the neck of the uterus alone. In this case amputation of the diseased portion is perfectly practicable and always justifiable. I shall therefore in a few days amputate the neck of the uterus in that case, removing all of the diseased tissues, with the result, I have no doubt, of tending to prolong the life of the patient.

## MEDICAL SOCIETIES.

### PHILADELPHIA COUNTY MEDICAL SOCIETY.

(Concluded from page 559.)

Dr. Van Harlingen said that with regard to the general treatment of syphilis, the ground had been so well covered by Drs. Ashhurst and White that little or nothing remained to say. There are certain problems, however, that present themselves in connection with the management of late syphilis, which had not been touched upon, and which are yet of great practical importance. One of these relates to the period during which treatment should be continued in cases seen for the first time in the later stages of the disease. For instance, a patient presents himself with a single late lesion or group of lesions, of the skin, or an ulcerated pharynx, a muscular involvement, or a nerve or cerebral lesion. A few weeks or longer may suffice to remove the outward evidence of syphilis; but how long should treatment be continued, not merely to prevent relapse in the original spot, but to prevent possible subsequent manifestation of the disease in some more important spot? The speaker said that his custom in such cases is to touch the lesion with iodide of potassium, beginning with five-grain doses, rapidly increased until the lesion yields or until the limit of tolerance is reached. When the lesion yields, then mercury is to be added to the potash salt, and after a little time the latter is gradually withdrawn and mercury alone is administered for the space of at least six months after the disappearance of all signs of disease. This the speaker considered the safest method of treatment in late syphilis, and in practice he had usually found that it gives the patient permanent relief. Further observation, however, is required on this point; for if syphilis can be taken in hand at any stage and treated with the same probability of entire subsequent immunity as when treated from the beginning, the method and duration of such treatment should be settled. At present, further exact investigations on this point are demanded.

Another important point is the realization of the fact that there comes a time in the history of late syphilitic lesions when specific treatment is of no avail. Specifics will remove the new-cell infiltration which constitutes the lesion, but a cicatrix may be left behind, as in stricture of the oesophagus or rectum, or as a sequela of a gumma of the brain, which is as much a morbid product as the original syphilitic lesion, but is entirely unchanged by the administration of iodide of potassium or other specifics, no matter in how large doses these may be given. In such cases huge doses of rem-

edies are vain. The dose should be rapidly increased, held for a short time, then diminished if found of no avail, or changed for some other form of treatment. Sometimes a simple tonic, as the tincture of iron, will cure when specifics have failed.

Dr. W. R. D. Blackwood remarked that he first saw syphilis and chancreoid on a large scale whilst stationed at Lexington, Ky., in 1863. His division was so affected by venereal diseases as to compel military supervision of houses of prostitution, and he made a personal examination of a large number of women twice weekly for over two months, all diseased females being removed for treatment to a special hospital. He was thus enabled to connect cases in the troops with the source of infection, and to test with certainty the effect of treatment of syphilis prior to the advent of a chancre in men reporting a suspicious intercourse. In no instance did such treatment avert constitutional results. As three regiments of his division were recruited from this city and Schuylkill county, he had additionally, in many instances, an opportunity of following up the after-history of men treated for chancre and chancreoid. He invariably, during the nine years of his army experience, thoroughly cauterized all venereal ulcers of the genitals with fuming nitric acid; and with the exception of a year, during which he followed the prevailing plan of letting chancreoids alone, he always does so, now being satisfied that the sore is not only thus more quickly treated, but that its tendency to auto-inoculate is controlled. Subsequent to cauterization, he used bismuth or similar mild dry powders. He frequently employed common brown sugar, which acted nicely. He had tried as an experiment molasses and glucose, and also black and yellow washes, aromatic wine, and the usual routine dressings, but without good effect. Dr. Blackwood, after thorough trial, was satisfied that iodoform was of no value whatever, either externally or internally, in syphilis, chancreoid, or any other disorder. It was offensive to both patients and associates, and was used blindly by surgeons and physicians as a prevailing fashionable remedy. He let buboes alone unless they threatened suppuration, when he poulticed and incised freely. Potassio-tartrate of iron he valued highly, and the reason it failed with most surgeons was because they gave it in small doses—two to five grains. He never gave less than thirty grains—usually a drachm, four times daily. It is the most rapid blood-making ferruginous salt we have; does not constipate, and it certainly excels any other drug in controlling destructive ulceration. He added alum to it if diarrhoeal action set in.

Dr. Blackwood objected to mercurial inunction in syphilis, as dirty, inconvenient, and causative of eczematous disorders. He did not use iodine or its compounds in secondary manifestations, but preferred bichloride of mercury throughout, even in tertiary. In the latter stage he used potassic iodide sometimes, especially in syphilis of the nervous system. He valued stillingia very much, but it must be a good preparation. He saw excellent results from it while stationed in northern Alabama and other southern states for five years after the war. The doctors outside the large cities there were as ignorant as the people generally, but the negroes and old women knew the value of

stillingia, which is the basis of the "Cherokee cure." He always gives the compound fluid extract in full doses, with the mercurial or iodide. Treatment was maintained for three years. He avoided salivation, and believed in the tonic effect of mercury according to Keyes.

Dr. Blackwood liked the hypodermic injection of bichloride, adding to it the chloride of ammonium if the patient did not strenuously object, although the operation is painful. He never had abscesses as a result, and if the needle is deeply buried this accident will not occur. He has seen many of his army patients since the war who are in perfect health, and who have now families free from constitutional taint. As the professional attendant of several houses of prostitution in this city for twelve years past, and from twenty-two years' observation, in which time he had treated a very large number of both sexes of whites, negroes, and Indians, in military and civil life, he was satisfied with his method of treatment as the simplest, the quickest, and the best to insure a permanent cure in any case.

Dr. De Forest Willard said that the treatment of chancreoids beneath the prepuce required extreme care. He had himself tried the plans of cleanliness, and syringing, and packing, and had carefully watched this form of treatment in the hands of others. "Buttonholing" and extensive sloughing had frequently followed, even in hospital practice, where strict surveillance was possible; in private practice, even when the individual realized the importance of strict compliance with directions, the environments were often unfavorable to frequent retracy. He decidedly preferred to have a sore, concerning whose size and tendencies he had seen many errors in diagnosis, open and visible. The removal of a portion of the prepuce, and, as quite frequently possible, the cutting away with it of the sore itself, was a no worse operation at this time than at any other, as the cauterization of the raw edges, during anaesthesia, was painless, and much time was in the end saved.

An apparently contracted prepuce was, as the speaker had shown in a previous paper, an easily remediable condition in young children; but as he had then said, that whenever any symptoms arose referable to this stenosis, "a prepuce freely movable over a normal glans should be secured," so now when the youth has arrived at sufficient years of indiscretion to voluntarily contract a venereal sore, and had never been able to accomplish retraction, it was sufficient evidence that actual narrowing existed, and the sooner that a healthful standard was reached, the better would be the result. He certainly would not dare to retract the prepuce forcibly and cauterize, as Dr. A. had suggested. It is claimed that chancreoids are not specific sores; yet all who speak from large experience in dealing with them will acknowledge that they are vicious, destructive in their tendencies; that they are not self-limiting, but that they are checked only by the resistant power of the individual, either aided or unaided by remedial measures. Let the patient be non-resistant from any cause, and just in proportion to his disability will be the destruction. This is not the course of simple inflammation, hence it should be met actively and vigorously.



Each one has his favorite caustic; he preferred the acid nitrate of mercury, but would state that the worst case of salivation which he had ever produced, was caused by applying it to a chancre upon the os uteri, the liquid being permitted carelessly to trickle down the posterior vaginal wall.

In regard to tertiary syphilis, it had always been his practice to substitute a tonic course of treatment for the specific remedies, during one or two weeks of each month.

Dr. Packard thought that the term "specific" might justly be applied to the chancre or soft sore, by reason of the peculiarities in its character and course, distinguishing it from the initial lesion of syphilis, as well as from other sores. He thought the excision of such soft sores unphilosophical and injurious, as simply enlarging the extent of diseased surface; moreover, as the action was local only, and never productive of constitutional symptoms (of syphilis), there was no adequate object to be gained by such a course. He preferred the milder caustics, and had used with advantage the stick of nitrate of silver, dipped in fuming nitric acid; this seemed to him more efficient than the nitrate alone, and perhaps less severe than the acid alone. He believed chromic acid, and the chloride of zinc, either in saturated watery solution or in paste, answered very well.

He advocated slitting up the prepuce to expose chancroids; believing that it is better to know just what we have to deal with, and to obtain ready access to the whole of the affected part. The preputial sore thus formed is under control from the outset, and need not give any anxiety.

As to sloughing sores, and their treatment by means of powdered white sugar, Dr. Packard stated that he believed he had been the first to use this article as a dressing in cases of hospital gangrene, at the suggestion of the late Dr. Le Conte, in 1864. The results obtained had been published in the *American Jour. of Med. Sciences*, for January, 1865. Dr. Packard was then acting as consulting surgeon to the U. S. A. Hospitals at Haddington and at Beverly, N. J., and a very large number of bad cases of this kind were under care at both places.

He thought the corrosive sublimate dressing recently proposed, might be of use in sloughing chancroids, and had had such favorable experience with eucalyptol in cases of gangrenous stumps and other wounds, that it seemed to him worthy of trial here also.

There were many other points of great interest in the subject under discussion, but he had nothing to add to what had already been said by other speakers.

Dr. Ashhurst closed the discussion.

#### OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, March 6, 1884, the President, R. A. Cleemann, M. D., in the chair.

Dr. Wm. Goodell made the following

#### Correction of a Misstatement:

"At the last meeting of this society I made a misstatement with regard to that distinguished ovariologist, Mr. Tait, which I greatly regret, and

which I wish here to correct. I was misled by some remarks made by Dr. Sutton at the last meeting of the American Gynecological Society. These were so reported as to convey to my mind the impression that Billroth was the only European operator who did not refuse any case of ovarian tumor, however unpromising it was, and that Mr. Tait—to borrow Dr. Sutton's language—"does not remove many large tumors, those which weigh from sixty to sixty-five pounds, with extensive adhesions," etc. In quoting this, by a careless slip of the pen, I changed the word 'many' into 'very,' and in addition, I wholly misapprehended the purport of the above sentence. Dr. Sutton has since, in the *Medical News* of February 23d, explained that he did not mean that Mr. Tait selects his cases, for he is 'not aware that this British ovariologist refuses to remove a tumor because it is large;' but that 'Mr. Tait has the largest line of ovary and tube cases and the shortest line of big ovarian cysts, of any man I (Dr. Sutton) visited in Europe.' In making this correction here, I wish to repair the injustice which I unwittingly did Mr. Tait before this society.

Dr. Goodell then exhibited an

#### Extra-ovarian Cyst,

with the following history: The lady, aged 28, and the mother of four children, had a miscarriage early in last October. At that time her family physician discovered the tumor. It slowly grew, but gave the lady so much inconvenience from pain and pressure that she was brought to his office late in the following December. It was not large, but was very sensitive, and was diagnosed to be an ovarian tumor. Both ovaries were removed early last February, and the lady recovered promptly. The peculiarities of the cyst were to him unique. The ovary lay to one side of a thick-walled cyst, and at such a distance from it that the cyst could have been removed without injury to the ovary. The latter was, however, extirpated along with the cyst, because it was diseased. Hitherto all par-ovarian cysts which he had encountered were thin-walled, and contained a clear fluid. But this one had thick walls, and contained a turbid brown fluid. It started from the left broad ligament, and was adherent to the bladder, omentum, and abdominal wall. Another point of interest was the fact that the right ovary had doubled its size from follicular degeneration, and yet pregnancy had taken place.

Dr. Robt. P. Harris suggested the possible existence of a third ovary, as the starting point of the tumor. He also thought that the presence of a third ovary might explain the persistence of the menstrual flow in some cases, after the operation of double ovariectomy.

Dr. Goodell also exhibited a

#### Coccyx Removed for Coccygodynia.

The patient had met with a fall down stairs some years previously, and the injury was followed by a vaginal abscess of some kind. She had all the classical symptoms of a very bad coccygodynia, and had fallen into a nervous condition which bordered on insanity. Dr. G. had intended merely to sever the nervous attachments of the coccyx by the sweep of a tenotomy knife; but after the patient had been put under ether, the



tip of the bone was found unnaturally movable, and giving distinct crepitation. The loose bone was, therefore, removed, and as the articulating surfaces were found rough and denuded, the whole coccyx was removed by bone forceps. Great relief followed this operation.

Although he had seen very many cases of coccygodynia, this was the first case on which he had operated. In a very few traumatic cases, he had wished to operate, but was not permitted to do so. The vast majority of these cases are, in his experience, those of nervous or neuralgic coccyx, and they get well in his hands under rest, massage, electricity, and appropriate constitutional treatment. The great difficulty, in cases of severity, is to decide between the nervous mimicry of the disease and pure traumatic coccygodynia, in which positive lesions have been sustained and their effects have not yet passed away—as for instance in a sprained or a fractured coccyx, or in a rheumatic, a gouty, or an inflamed coccyx. There is yet another difficulty in the way of diagnosis, for sometimes an injury received in an hysterical woman is followed by local nervous phenomena, which will last long after the original lesion has been cured. For instance, on one occasion, he had been so greatly deceived in the diagnosis between traumatic and nervous coccygodynia, as to make him very cautious in resorting to the use of the knife. A highly intellectual lady, who spent her leisure in reading metaphysical works, received an injury to her coccyx by the sudden “bucking” of the horse on which she was mounted. She was, at that time, suffering from nervous prostration, and the blow started up very exacting coccygeal symptoms. Dr. Goodell found retroversion and a prolapse of both ovaries. These dislocations were remedied, and the patient put on a vigorous constitutional treatment; but she grew no better, and an operation was proposed and agreed to. As soon as the day and the hour were decided upon, she lost all pain in her coccyx, and has not since had a return of it. This happened about six years ago. On another occasion, he saw a very obstinate and severe case of coccygodynia, which he had been treating unsuccessfully for a long time, and which had a traumatic history, quickly disappear under an exciting family jar. In view of this experience, he believed it always safer at first to consider coccygodynia as a local expression of a general neurosis, and to treat it accordingly.

Dr. J. H. Packard asked why Dr. Goodell had preferred the bone nippers to disarticulation in the first case.

Dr. A. H. Smith asked if Dr. Goodell had removed the entire coccyx. (Dr. Goodell was not sure, but thought so. There had been an abscess in connection with the injury, and the bone was dead and somewhat necrosed; he had cut off one piece with the nippers and then disarticulated the remainder.) Dr. Smith continuing, said there had been suppurative action probably following anchylosis. Such a condition might result from injuries received in labor, or from falling astride a chair-back or a rail. Most cases were reflex hysterical or uterine pains, as will be proved by the freedom from tenderness when the finger is pressed on the coccyx when making a vaginal examination. He has never removed one, because

he has seen such poor relief from the operation in any cases that have come under his observation. Why should relief come unless all the nerves and other painful tissues be also removed? He will be glad to hear the result of the operation in the case reported by Dr. Goodell this evening.

Dr. Packard demonstrated to the Society a new method of applying *Axis Traction* to any ordinary obstetric forceps. The device consisted of two steel hooks arranged to catch in the fenestra of the blades of the forceps, and terminating in rings through which a wooden handle is to be passed. The handles of the forceps are to be lashed together.

Dr. Smith remarked that Dr. Tarnier's first suggestion was to pass a cord through holes drilled through a widened portion of the blades at the point at which handles are now attached. The hooks exhibited by Dr. Packard did not draw from the right point, and he thought there would be difficulty in adapting them when the head was high up.

Dr. Goodell thinks that Tarnier was anticipated in the cord attachment by another French physician.

Dr. B. F. Baer read a paper on

#### The Significance of Metrorrhagia About and After the Menopause.

Metrorrhagia recurring about the menopause is as likely to be the result of disease of the uterus or its appendages as it is at any period previous to that time. The popular belief that floodings at the change of life are physiological often results in harm. That the blood-loss is depuratory or critical, and that it protects the vital organs from injurious congestion, is erroneous. Where health exists, the cessation of menstruation will be attended by no more aberrations of function than are seen in its establishment. An analysis of twenty-two hundred cases treated in hospital and private practice shows that nearly the same number of women sought service during the establishment and the decline of menstruation, and it further shows that the numbers rapidly increase as the period of greatest fecundity is reached, and decline after it is past.

Epithelioma of the cervix may result from injury of that organ, but also requires some peculiarity in the structure of the tissues which renders them susceptible to an induced dyscrasia. When a woman, in the midst of the fertile period, suddenly ceases to bear children, there is often some local cause for it. There is some causative relation between acquired sterility and cancer. It is safer to believe the disease of local origin, for we will then endeavor to discover and remove all sources of irritation, and possibly prevent its development. Detailed histories of a number of cases are given to illustrate the truth of the positions assumed. Where the menopause is retarded beyond the usual period, the cause can often be found in some diseased condition connected with the sexual system, and, as a rule, it is an old-standing trouble. When metrorrhagia recurs after the menopause has been fully established, it is almost invariably the result of a pathological change in the tissues of the uterus.

Dr. Goodell agrees almost wholly with what Dr. Baer has said; he thinks the dangers of the men-

opause much overrated. Cancer and fibroids of the uterus occur more frequently at that age than any other, and have caused the popular dread. Although hemorrhage is always pathological, its cause cannot always be discovered, and in this dodging period serious hemorrhage may occur and no dangerous condition exist. He would like to believe that cancerous growths had a benign incipency, but cannot go so far. The microscopists make many mistakes in ascribing malignancy to growths removed from the uterus. Dr. Goodell then gave a number of cases, in which experienced microscopists had given prognoses of early fatal termination, based upon the cell-formation of growths removed from the uterus, but these cases had recovered, and showed no evidence of any diseased condition. With regard to the small proportion of cancerous growth following laceration of the cervix uteri, the doctor called attention to the large number of Irishmen using clay pipes, and the small number of lip-cancers, and yet it is universally acknowledged that the use of a clay pipe is the principal cause of such growths.

Blood-letting is practiced very freely in Turkey and the East, and women as a consequence get very stout; such are more liable to profuse hemorrhage at the dodging period.

Dr. Wm. T. Taylor reported a case of

#### Malarial Poisoning in a New-Born Babe.

We have frequently observed fevers of a malarial type in very young children, in some even during the first year, which were ushered in by a convulsion or other prodrome, without a rigor, as occurs in older persons, and their character is only recognized by a repetition of the attack in a day or two. But the youngest subject of this disease which I have met with is the following case:

Mrs. A. R., during her second pregnancy, was affected with malarial fever; and although she was then residing at the seashore, was obliged to take occasional doses of quinine to control it. She re-

turned to her city residence at the end of the season, but continued using quinine from time to time until the end of her utero-gestation, which was completed in November last, when her babe was born. Her labor was natural and easy, and she had no unfavorable symptoms. The child appeared healthy, was of good color, but was smaller and feebler than her first-born at its birth. As she had a good supply of milk, it soon drew the breast quite vigorously.

About one week after its birth the nurse called my attention to "weak spells" which it had occasionally, accompanied by coldness of the skin, a feeble circulation, and prostration, which continued for fifteen or twenty minutes, and were followed by a clammy perspiration. By the application of heat to the body, and giving it a little brandy and water or other stimulant, it would revive.

I observed that these "spells" had a periodicity, occurring every two or three days; and considering them malarial, I gave the mother quinine and valerianate of iron, which, acting therapeutically through the milk, soon caused the "spells" to cease, and the babe became well and fat. I also gave it small doses of the elixir of cinchona for several weeks.

This child must have contracted this disease whilst in utero through the placental circulation; for being born in a perfectly healthy locality, it was not exposed to any external malarial influence.

When labor began the quinine was stopped, and was not resumed until the condition of the child required it, when it soon showed its anti-periodic action by completely arresting these "weak spells," for now the child is perfectly well.

Dr. R. P. Harris related a case of parallel character, which had occurred some years ago in a malarious neighborhood. The mother was under treatment before labor. The child had chills and fever when quite young, and was treated through the mother.

W. H. H. GITHENS, M. D.,  
Secretary.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Dietetics in Disease.

Apropos of our editorial on "Diet Cure" (cur. vol., p. 373), we note as valuable, the following remarks on dietetics delivered before the Medical and Chirurgical Faculty of Maryland (*Med. News*, April 26, 1884), by Dr. William Pepper.

Remembering the thoughtful little work, *Health, and How to Promote It*, recently published by the President, Professor McSherry, Dr. Pepper said he was led to hope that some practical remarks upon the subject of dietetics might not be without interest. On reviewing what he had prepared, however, he felt that the title selected was somewhat inappropriate, as he had dwelt more upon the relations of dietetic errors to the production of disease than upon the actual value of diet during

the disease. Although the subject has not always claimed the attention which it merits, yet, on the whole, we must acknowledge that amidst the currents and counter-currents of medical opinion during the past decade there has been a constantly growing appreciation of the value of dietetics; indeed, we may safely assert that it is becoming recognized that in very many conditions of impaired health and actual disease successful treatment depends chiefly or exclusively upon proper diet and regimen. He believed that from a proper study of the wide range and varied character of the morbid symptoms resulting from the gift of food abused, and the wonderful remedial effects of special forms of diet, it would appear that it is in this line more than in any other that the greatest triumphs of therapeutics are to be won in the near future. In estimating the influence of the factors of our physical life upon the development of the

individual or race, too much importance has been attached to climate, and far too little to diet and personal hygiene. For the establishment of the laws of dietetics and hygiene we are concerned only with the average man, not with those exceptional individuals in every community who display the highest physical and intellectual health whilst pursuing courses of life admissibly injurious.

In India and Australia we have seen the experiment of subjecting large numbers of Anglo-Saxons to climatic conditions diametrically opposite to those familiar to that race, and the result seems to be that with suitable diet and regimen its characteristic health and energy will not be impaired. In this country a more complicated experiment is being tried. A nation recruited from all quarters of the globe, a vast territory—wide varieties of soil and climate—the gift of freedom, personal, political, and pecuniary, to be borne by millions heretofore comparative strangers to these blessings. Can we wonder that during the fierce contest to be waged with strange and untried climatic, industrial, and social conditions, many curious effects, physical as well as social, have been developed? The so-called typical American, with his pale, sallow face, and tall, slender figure, full of the irritable restlessness bred of nervous dyspepsia, certainly differs widely from his English, Irish, or German ancestors, and the interesting question arises whether his physical peculiarities are inseparably dependent upon our climatic conditions, or upon other and transient influences. Prof. Pepper stated his deliberate conclusion that it is to the latter conditions almost exclusively that we are to attribute these results. He indicated the abuses of various articles of food and drink which are the undoubted cause of this state of things, and reiterated his opinion that this was the cause of most of the physical peculiarities commonly assigned to the American climate. He believed that with due regard to the conditions, there is no more favorable climate upon earth than our own. He deprecated, too, the excessive share which has been attributed to overwork in the production of many forms of nervous exhaustion. In his own experience, cases really induced by this cause were rare, and in the vast majority an amount of work entirely consistent with long-maintained health is rendered destructive by reckless disregard of the laws of health. It is true that the conditions of our higher forms of work in America are more difficult than in older and better organized communities, but a study of the habits of professional and business men in other countries has convinced him that the important question is really "How to live while working."

If it were possible for all to appreciate correctly their physical condition and capacity at the outset, so as to adapt their method of work to their physical requirements, we should see quite as much or more work done with infinitely fewer instances of (physical) disaster. The velocity and range of a projectile vary directly as the initial power, and inversely as the mass to be moved. In its application to the human body this is a most pregnant truth. To adjust the actual weight of the body to the physical powers of the individual, and to render these innumerable minute processes

as easy and complete as possible, is the aim of dietetics and regimen, and the common-sense policy of every man who aspires to work to the best advantage. The enduring capacity of a man is measured by his weakest organ only. We are able by intelligence and self-restraint to spare this weak spot, and enable ourselves to tax our stronger parts to their full extent. The weak spot is commonly at some point in the assimilative process, but by no means *usually* in the stomach, or intestines, or, at least, not manifested there most clearly. Whilst the original cause of the trouble may lie there, it very often shows itself in the subsequent changes, whether interstitial or metabolic. For instance, the absence of well-marked attacks of gout long blinded our eyes to the fact that the gouty diathesis is widely prevalent in this country. It is difficult to define gout, but it seems necessary to include under this head all that large series of cases, with or without marked gastro-intestinal disturbances, in which there is obstruction to and deficiency of the ulterior assimilative changes before the food reaches its final fully digested forms.

He wished to call special attention to the great frequency with which, out of the presence of one or more of the causes, there is gradually evolved the complicated condition to which it is becoming the habit to apply the name of neurasthenia, and which is too often regarded as the result of pure nervous exhaustion from overwork, and therefore requiring simple tonics, rest, and high feeding. Such cases, after they have been brought up to a certain point, require a protracted course of well-ordered regimen, dietetics, and exercise. Of course, one special method of treatment can be applicable only to one special group of cases; but it is the work of the skilled physician to discover to what group any special case belongs, and to select the method of medication best adapted to it. He alluded to the special methods employed by empirics—the system of Pressnitz—and those well-known methods employed at popular spas, the waters of which are totally inert. Although unscientifically employed, these methods do succeed in certain cases which have baffled the ordinary medical resources, and prove that remarkable results may be obtained by a systematic and oftentimes extreme use of the simple agents—rest, exercise, food, drink, and bathing.

He spoke of the remarkable treatment called Schroth's Cure, now practiced at Lindewiese, in Germany, which consists in an artificially-induced attack of continued fever, developed by long-continued abstinence from water (thirty-six to ninety-six hours), and great restriction in diet and violent exercise, alternating with free stimulation. While undoubtedly hurtful in many cases, even this has been known to effect remarkable cures in constitutional syphilis, rheumatism, etc.

He remarked on the revival of the hot-water mania, and said that the truth about it is that there are not a few cases of dyspepsia and lithemia, of certain types of rheumatism, and gastro-intestinal catarrh, in which this remedy, combined with other simple hygienic measures, is the best cure. While hot water, taken as its advocates advise, is capable of doing harm, it will do good in so far as it discourages the use of tea and coffee. We are advancing towards a time when

for each carefully-diagnosed group of cases there will be a scientifically adapted diet.

In illustration of these views, Prof. Pepper proceeded to give in detail several cases of great interest, in which patients suffering from severe disorders were greatly benefited, chiefly by attention to dietetics. One of his cases was a woman of sixty five, with all the symptoms of advanced fatty degeneration of the heart. Noticing that she had steadily increased in weight during her sickness, and was very fleshy, he put her on a reduced diet, and with proper medication effected entire relief of the symptoms in about nine months, during which time her weight decreased from one hundred and sixty-five to one hundred and forty pounds.

Systematic reduction is to be instituted only when symptoms clearly indicate it. When reasonable reduction of diet fails to produce a marked diminution in the weight, the patient has probably not too much weight. When body weight falls rapidly, even if symptoms subside commensurately, check it early to avoid debility. Care must be taken in reducing weight, lest a marked reduction might favor the development of some latent morbid tendency, such as tuberculosis, cancer, or scrofula. A reaction has commenced against the indiscriminate stimulation in disease advocated by Todd and his followers. In acute disease, to push stimulants and concentrated food beyond the power of the patient to assimilate, puts an additional burden upon his already weakened system. In chronic diseases, restoration of power, relief of symptoms, etc., can only be accomplished by thoroughly adjusting the diet and hygiene to the altered conditions of the state of nutrition, and then as far as possible directing our remedies to the actual indications.

#### Clinical Remarks on Dropsy.

Dr. G. G. Roy thus writes in the *Southern Med. Record*, January 20, 1884:

The case I now present you is a typical one of dropsy, and belongs to a class of cases more empirically diagnosed and treated than any I can now call to mind. And why is this? The reason is obvious: Sight is lost of the fact that, pathologically considered, dropsy is not the disease *per se*, but the symptom and result of organic lesion, or disease.

When brought into contact with a case of this sort—too frequently—the plan of the average practitioner in dealing with it is about that of the most unmitigated dropsy quack, with which the world is now flooded. He sees the patient is swollen—it may be local or general; he pronounces, without hesitation, "It is a case of dropsy," and all we have to do "is to get rid of the water;" and this he essays to do—and sometimes succeeds, by the use of active diuretics and purgatives—and he pronounces his patient cured.

Now, gentlemen, I wish to impress this point upon you—and hope you will never forget it—that getting rid of the water, or reducing a dropsy, is not curing the disease.

Another fact—of greater importance—I would impress upon you is, that when you have a case of dropsy to deal with there are three vital organs you must carefully and searchingly interrogate before you can properly diagnose and treat it.

These are the liver, heart, and kidneys; in one or more of these you will find the obstruction which dams the blood, from which the effusion or dropsy comes. I have mentioned them in this order because, in our malarial Southern country, the obstruction is in the liver (fortunately for the patient) more frequently than in either of the others.

I would, also, like you to remember that dropsy may be *active*, the result of acute inflammation, or *passive*, the result of chronic or continued obstruction of the veins. In *liver* dropsies you will generally find the swelling in the abdomen; in *cardiac* or *heart* dropsies, in the lower extremities, especially the feet; and in *kidney* dropsies, especially from albuminuria, in the eyelids and face. To an experienced observer, the doughy puffiness of the eyelids and face in this last affection is almost pathognomonic.

You have a diseased liver, heart, or kidneys, upon which the dropsy depends, and of which it is a *symptom*. Now, what is the rational plan of treatment for its cure? The *dropsy quacks* have learned that drastic purging of the bowels or kidneys will oftentimes reduce a patient so swollen that the integuments of the lower extremities have split or burst—and it is a shame upon the American people to say it, but it is true that this bit of knowledge is daily extending their fraudulent fame, and filling their purses with ill-gotten ducats. But the quack stops here; he can go no further; he does not know whether it is a liver, a heart, or a kidney dropsy, nor does he care—the sooner the dropsy re-accumulates, the sooner his purse is replenished.

But with you, gentlemen, it will not be so—it *must not* be so. Having diagnosed the cause of the dropsy—the organ diseased and its nature—you, too, by the judicious use of purgatives and diuretics, will endeavor to relieve the dropsy; having done this, you will not stop and pronounce your patient cured, but will proceed at once to remove the cause by relieving the obstruction of the veins wherever located, whether it is with the liver, the heart, or the kidneys, and at the same time improve the quality of the blood.

This woman's dropsy evidently comes from obstruction of the portal circulation from a hardened liver, the result of chronic malarial poisoning, and we will place her upon Dr. Alonzo Clark's pill of

R.	Hydrg. chlo. mite,	gr. xij.
	Pulv. digitalis,	gr. xij.
	Pulv. scillæ,	gr. xij.

M. ft. pills or capsules No. 12.  
Sig. One three times daily.

And every other night a pill of

R.	Elaterium (clutterbucks),	gr. j.
	Ext. jalapæ,	grs. xij.
	Pulv. digitalis,	grs. xij.
	Pulv. scillæ,	grs. xij.

M. ft. pills or capsules No. 12.

You will omit the pill of the first R. the night this is given.

After we reduce this patient, which we may reasonably hope to do in a week's time, we should address our treatment to the hardened liver, which has obstructed the portal circulation and caused



the dropsy, and for this purpose I have found nothing better than this:

R. Hydrarg. bichlorid, gr. j.  
 Ammo. murias, ʒ iij.  
 Elixir simpl., q. s. ʒ iv.

M. ft. sol.

Sig. Teaspoonful three times daily in wine-glass of water.

I hope you will remember that, while using this treatment, it is all-important that you should build up the blood with the most soluble ferruginous preparation. If not, you may certainly expect the dropsy to return from the slightest imprudence of diet or temperature.

The liver of the chronic drunkard is peculiarly susceptible to the influences which produce this kind of dropsy; and in these cases I have used Prof. Robley Dunglison's ferro-saline repeatedly with most signal relief. The ferro-saline is a combination of sulphate of magnesia and sulphate of iron.

#### Transfusion of Blood in Albuminuria.

From the *London Med. Times*, March 15, 1884, we learn that the *Gazette Hebdomadaire*, for January 18, publishes what it regards as a very important paper, bearing this title, read by Dr. Dieulafoy, of the St. Antoine Hospital, at the Hospital Medical Society. He first draws attention to the remarkable fact that the lives of persons dying from hemorrhage have often been saved by the injection of so trifling an amount of blood as 100 or 150 grammes; and he relates a case in point, in which a person dying of an epistaxis which resisted every measure resorted to during 20 days, was at once rescued from danger by the transfusion of 120 grammes of healthy blood. Such a case as this, however, differs from those cases of traumatic hemorrhage (consentive to operations or to delivery), in which the case is purely accidental; for it is brought about and maintained by an altered condition of the blood, of an ill-defined nature, termed for want of a better name *hemophilia*,—a dyscrasic condition in which perhaps the structure of the small vessels is at fault, but in which the blood is certainly no longer possessed of its normal properties. Life has been saved by transfusion in several cases of this kind, not merely because the blood supplies an additional amount of fuel to an expiring lamp, but because it plays the part of an agent which is to some extent hæmostatic. The addition of so small a quantity of healthy blood serves to modify advantageously the composition and fabrication of the blood that seems to have lost its principal qualities. "In such a case," Dr. Dieulafoy observes, "the infused blood acts, I repeat, as a hæmostatic agent. It is a powerful modifier, rapidly transferring a dyscrasic condition of long date by a special action, the mechanism of which is as yet ill-known, but with a result well calculated to attract attention. All the importance of these facts, which seem to me to dominate the history of transfusion, has not yet been sufficiently brought out. A closer investigation of them has led me to ask, like many others for that matter, whether there is not reason for the application of transfusion to some dyscrasic conditions in which alterations in the blood seem to play an important part. May not dyscrasic hemorrhages, uræmia, and Bright's

disease, diabetes and acetonæmia, the paroxysm of gout and rheumatism, derive benefit from this modifying agent, the effects of which we are as yet ignorant of, because they have not been sufficiently investigated?" In order to render an extended therapeutic application of transfusion possible, Dr. Dieulafoy has contrived an apparatus, which he believes will much simplify and facilitate its application. An illustrated description of it, as laid before the Académie de Médecine, is contained in the same number of the *Gazette Hebdomadaire*. In the present paper he relates three cases of Bright's disease in which transfusion was performed; but he admits that nothing conclusive can be decided from them. They however establish the innocuity with which injections of 120 grammes of blood may be performed, even in the later stages of Bright's disease; and also the temporary amelioration that may be obtained, even when the lesions are of the most formidable character.

#### Operation in Spinal Caries.

Dr. Richard Davy thus writes in the *London Medical Times*, January 19, 1884:

I have read Mr. Treves' paper on "The Direct Treatment of Spinal Caries by Operation," brought before the Royal Medical and Chirurgical Society of London, and can endorse his views to a practical extent, as evidenced by my own practice. From my own surgical experience, and from facts observed at the mortuary, I have learnt to view with slight favor the opening of abscesses in connection with vertebral disease, and have taught that, as a rule, any such interference is fraught with inconveniences both to the patient and surgeon.

A man, æt. 38, was admitted into the Westminster Hospital in May, 1879, suffering from diseased lumbar vertebra with deformity, associated with a large psoas abscess, which had burst below Poupart's ligament on the right thigh. I wished to ascertain, by making a dependent opening in his loin, if good drainage might not assist in promoting a cure.

On May 29, 1879, having had a silver probe specially made, twenty inches long, I passed it through the abscess opening in Scarpa's triangle, along the sheath of the psoas muscle, towards the right loin with care; and without any difficulty I could feel exposed bone. Having withdrawn the probe, and made a short bend at its point (45°), I reintroduced it along the psoas sheath, until it touched the top of the abscess-wall, directing the point of the probe towards the loin. I then cut down on it, introduced my forefinger through the lumbar wound into the abscess sac, felt the denuded bone, and washed out the detritus with a stream of warm water, through the tunnel from the right groin to the loin. The lumbar wound was maintained open by a drainage anchor. The patient was discharged with both wounds healed; but the old abscess-opening in the groin seemed inclined to re-open on his assuming the erect posture. When compulsorily pressed to open a psoas abscess, I have always chosen the loin as a point of selection; being unable to see why a lumbar abscess should have the honor of exemption from ordinary surgical custom; viz., a large dependent opening for the promotion of cleanliness and good drainage.

## REVIEWS AND BOOK NOTICES.

## NOTES ON CURRENT MEDICAL LITERATURE.

—The applications of iodoform in dental surgery are set forth by Dr. C. F. W. Bödecker in a reprint from the *Independent Practitioner*.

—An urgent note of warning against the opium habit is sounded by Dr. A. P. Meylert, of New York city, in an address published by G. P. Putnam's Sons. The author says:

It should be understood that opium habituation means death—mental, moral, and physical. Every one who cannot instantly drop it, is drifting towards destruction. He does not see it perhaps. Like the Rhine boatman gazing at the vision of beauty upon the cliff above him, he is swiftly dashed upon the rocks below.

—"An Address on the Duality of Ma'sen Being," by Dr. G. R. Scriven, of Hanging Rock, Ohio, appears to us considerably behind the age. Nothing can be more contrary to the doctrines of modern science than such a statement as this:

All our studies in physiology and pathology point back to a period in the history of the race, when man was absolutely perfect in all the elements and parts of his being; when he was without the taint of disease, and hence could not have been subject to sickness or death—a period when to the physiologist he was a model of absolute physical perfection.

The writer of that could not have read any works later than the eighteenth century.

## BOOK NOTICES.

**Clinical Lectures on Mental Diseases.** By T. S. Clouston, M. D. 8vo., pp. 550. H. C. Lea's Son & Co.

The author of this volume has long ranked among the most eminent Scottish alienists, and the English edition has met with a ready reception. The revision for the American market has been made by Dr. C. F. Folsom, of Boston, who has added an appendix on the laws of the United States and the several states regarding the custody of the insane.

The text is in the form of a series of lectures, nineteen in number, and is illustrated with a number of handsomely executed color plates. The classification is peculiar, mental diseases being included in groups characterized by mental depression, mental exaltation, states of alternation or periodicity, states of delusion, of enfeeblement, of stupor, and of defective inhibition. Besides these, lectures are devoted to such definite diseases as general paralysis, epileptic, traumatic, syphilitic, and alcoholic insanity, that brought

about by masturbation, the puerperal state, adolescence, senility, etc. The last lecture is on the medico-legal and medico-social duties of physicians with relation to the insane. We have been much pleased with the work, and regard it as a treatise of great merit.

**Diagnosis and Treatment of Diseases of the Heart.**

By Constantine Paul. Translated from the French. New York, Wm. Wood & Co.

The French are celebrated for accuracy in diagnosis and vagueness in therapeutics, and this volume is a fair representative of their school. It is written (or translated) with less ease of style than most French writers display, but presents a large assemblage of useful facts. It is a member of Wood's Library of Standard Medical Authors, and will be found a valued addition to it.

**Post-Nasal Catarrh and Diseases of the Nose Causing Deafness.** By Edward Woakes, M. D. 8vo., pp. 224. Price, \$1.50. P. Blakiston, Son & Co.

The author of this volume is a well-known aurial surgeon in London, and his volume is a practical and useful treatise. It treats of catarrh generally, both acute and chronic, its etiology, hygienic management, diagnosis, and treatment. This is followed by chapters on chronic pharyngitis, hypertrophy of the tonsils, stenosis of the nasal fossæ, and the relation of the latter to diseases of the ear and deafness. A few illustrations accompany the text, and the manufacture of the volume is throughout satisfactory.

**The Physician's Combined Day-book and Ledger.**

By H. T. Hanks, M. D. Half-bound Russian, \$4.50 and \$5.50. For sale by J. H. Vail & Co., New York city.

In the announcement of this blank book, it is correctly observed that the least possible expenditure of time in keeping the accounts legibly and correctly, and the use of as little space as is consistent with accuracy and specification, are the two important factors of a physician's day-book or ledger. The author claims to have arranged in this book the most exact and labor-saving system of book-keeping yet devised for the use of a physician. While his plan is a simple one, it is, in our opinion, too simple. It is, in fact, nothing but the debit and credit columns of the ordinary single entry day-book running across the page instead of down it. There are no columns for totals, for balances brought forward, or for other items of this kind, essential to an accurate set of books. It impresses us that in the desire to simplify, the author has sacrificed convenience and completeness. We can speak favorably of the manufacture of the book, ruling, paper, etc.

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### GONORRHOEA.

At its meeting on April 23, the Philadelphia County Medical Society was regaled with a most instructive discussion on the subject of Gonorrhœa. This disease receives so little thought from the profession, its treatment is of such a routine nature, and so many false and damaging statements are published concerning it, that the discussion in question assumes very great importance.

The opening remarks were made by Dr. J. William White, who, since the death of Dr. Maury, has had annually more experience in venereal diseases than any other man in Philadelphia.

The two most important points that he made were, 1. That you cannot abort true gonorrhœa; 2. That it is not by any means the simple, harmless disease that it is usually considered to be.

The first point is an exceedingly important one, in consideration of the numerous papers on the abortive treatment of gonorrhœa which have been published recently, more especially in New York. Dr. White considers it impossible to cure a case of genuine acute inflammatory urethritis in less than from three weeks to one month. He recognizes a variety of the disease, to which he gives the term "irritative or abortive," and which will be found in about five or six cases out of every twenty or thirty. The initial symptoms here are the same as in true gonorrhœa; there is the same redness of the meatus, the throbbing of the penis, ardor urinæ, and mayhap some discharge, coming on after sexual intercourse. If left to itself, this abortive type of the disease will get well in a few days; and it is in these cases, no doubt, that the abortive treatment of gonorrhœa has gained its notoriety.

That it is by no means a simple and trifling complaint was fully evidenced by the cases reported. One of a healthy, hearty man, who contracted his first gonorrhœa; the inflammation extended until a severe peritonitis ensued, and the man died in thirty-six hours. Dr. Forbes related a case, also in a healthy man, wherein the inflammation traveled up the left ureter, and reaching the kidney, the man died of nephritis, when, upon post-mortem, the left kidney was found to

weigh sixteen ounces, and it was riddled by sixteen abscesses. Other cases were cited which proved, in most unmistakable terms, that gonorrhœa is a disease to be dreaded; and we feel sure that every man who was present at this meeting will hereafter regard the disease with much more fear than he has hitherto been accustomed to entertain for it.

Another point of vital moment upon which Dr. White very strongly insisted, was that gonorrhœa was not a specific disease; that is to say (and it is well to have a very clear understanding of what he means by this term), that the fact of a man having gonorrhœa is not proof positive that he has indulged in connection with a woman who has the disease. Any muco-purulent discharge, that is, any discharge in the vagina which has pus in it, may, according to Dr. White, produce a genuine gonorrhœa; it is not necessary to have a pre-existing gonorrhœa. Some men hold that simple acrid vaginal or uterine discharges can produce urethritis or gonorrhœa; their opponents have confronted them with the immunity of married men, since the majority of married women have some acrid vaginal or uterine discharge. Ricord has endeavored to meet this objection with his theory of acclimation, but Dr. White goes further, and says that in his opinion the absence of pus from these discharges is the cause of the immunity, since the discharge must be purulent to be infectious. Hence, in Dr. White's experience, a much larger proportion of cases of gonorrhœa are contracted from mistresses and from what might be called promiscuous intercourse, rather than from prostitutes, who have learned scrupulous cleanliness as a matter of business.

Dr. White was asked by Dr. Shakespeare how he reconciled this teaching with the fact that very often there was an erosion or ulceration of the os or cervix uteri in the woman, discharging pus, and yet the husband failed to contract gonorrhœa. Dr. White was compelled to admit that this was the strongest argument that could be raised against his theory, and it was not satisfactorily answered. While it is, as we all can easily see, of the utmost importance to the welfare and hap-

piness of families to know whether gonorrhœa is or is not a specific disease, yet we must conclude that the matter is still doubtful. The fact that comparatively few cases are contracted from prostitutes, because they have learned habits of great cleanliness, is not an argument against its specificity; for this very cleanliness would remove the specific poison of gonorrhœa, as it would the specific poison of any other disease. Cases such as we sometimes see reported in our journals, where the disease has been contracted from dry gonorrhœal discharge lying dormant on the pants or the shirt or on a rag, and subsequently conveying the disease to an innocent party, Dr. White receives with a great many grains of salt, inclining to regard them as fabrications to hide the true origin of the disease.

Therefore, we would say in conclusion that the non-specificity of the disease is not yet proven, but that two very important points have been elicited by this discussion:

1. The impossibility of aborting the disease; and,
2. The imminent dangers to life it may entail.

Dr. White promises to talk about the treatment of gonorrhœa on a future evening.

#### ON DRUGGING FEMALES.

Two cases have lately received considerable attention and a great deal of sympathy in the public papers, which call for comment on the part of medical journals. One occurred in Pennsylvania and one in New Jersey, but the details as related by the victims (?) were strikingly alike. In each an alleged innocent young girl was asked into a saloon to take a glass of soda-water. This she swallowed as natural, and nothing more; but owing to the fluid being "drugged," she immediately lost her senses, passed into a state of complete unconsciousness, and when she recovered, found that her male companion had, as one of the girls curiously expressed it, "got the better of her."

Now, the public, and especially juries, should be taught that any such story as this is rank nonsense. There is no drug known to medicine which



will have any such effect. One might suggest opium: but no form of that hypnotic would act so promptly, and none could be given to the extent required without involving serious if not fatal results. The smell and sharp acrid taste of chloroform or ether could not be disguised by soda-water, and no one would drink a glass containing either of these ingredients. Strong alcohol in some form would perhaps act as stated; but it could not possibly be so concealed in a glass of soda-water that a person, especially one unaccustomed to its use, would not instantly remark its presence; in fact, we do not believe such a person could swallow such a dose as it would be.

These stories, in fact, belong with those which we once before branded in this journal, where women claimed that a man gave them a newspaper to read or waved a handkerchief in their faces, and they immediately became unconscious from the chloroform on the article! They are the tricks of adepts, or the excuses of willing victims. Whenever they are offered as accusations, the public and the juries should know at once that the accuser was *particeps criminis*, and if anything the more guilty of the two.

#### PROGRESS OF THE GERM THEORY.

We find in our English exchanges the report of an interesting lecture by Mr. Watson Cheyne on those minute organisms which, by many, are averred to be the exciting causes of diseases. The lecturer stated that the great group commonly called bacteria might most conveniently be subdivided into four classes—1. Micro-cocci (round bodies); 2. Bacteria (small oval or rod-shaped bodies); 3. Bacilli (large rod-shaped bodies); and 4. Spirochætic and spirilla (rods spirally twisted).

After dwelling on the great variety as well as importance of the various parts played by this great group in the economy of nature, Mr. Cheyne observed that great difference existed among the various bacteria in their behavior towards the human body; some could be injected without causing any injury, others could not grow in the living body, but could develop in dead por-

tions of tissue, and the secretions of wounds, giving rise to poisonous products. The true pathogenic organisms were able to attack the living body and multiply in it; they included the organisms which found entrance through some wound giving rise to the traumatic infective diseases, and others which could obtain entrance without observable wound. Farther, certain organisms, such as the *b. anthracis*, were capable of growing outside the body in dead organic substance; while others, such as the *b. tuberculosis*, were apparently only capable of developing in the living organism or under artificial conditions which reproduced, to some degree, those existing in the tissues of warm-blooded animals, though capable of long retaining their vitality in the dry state.

With regard to the traumatic infective diseases, he thought that the most absolute proof had been furnished that the bacteria found in them, and nothing else, were the causes of these diseases. To establish such a proposition, it was necessary that an organism of a definite form and with definite characteristics should always be found in the blood or in the affected part. The blood or the affected part, when inoculated into another animal of the same species, produced the same disease. When the blood or the affected part were inoculated on a suitable soil outside the body, the micro-organisms grew, and must be indefinitely propagated on similar soil. When in this manner the organisms had been separated from the remains of the materials in which they were imbedded, their inoculation in an animal must again produce the same disease, the same organisms being found in the diseased parts.

These conditions had now been fulfilled with regard to anthrax, septicæmia of the mouse, erysipelas, tuberculosis, glanders, and acute pneumonia. With regard to typhoid fever, relapsing fever, cholera, and ague, the evidence was very strong, but not conclusive.

There were a number of prominent physicians and microscopists present, who seemed to accept his conclusions. They are interesting, as this theory may be considered the question of the day.

## NOTES AND COMMENTS.

**A Peculiar Operation for Vesico-Vaginal Fistula.**

In the *Medical Times* for April 12, 1884, Dr. T. Pickering Pick reports a case of vesico-vaginal fistula occurring in a woman aged 25, subsequent to an operation for stone. Several operations had been performed for the relief of the fistula, but without avail, as the orifice would not close. A recto-vaginal fistula subsequently formed. She came under his care in May last. The vesico-vaginal fistula was of very large size, freely admitting three fingers; in fact the whole of the posterior wall of the bladder appeared to be gone. The lower wall of the urethra had also been destroyed, so that no remains of the canal persisted. The edges of the fistula were healed. The recto-vaginal fistula was of small size, large enough to admit a goose-quill, situated about two inches from the anus. The tissues around were dense and cicatricial.

In spite of the unpromising nature of the case, he made an attempt to close a part of the vesico-vaginal fistula, hoping, by a series of operations, to gradually succeed in closing the whole of it. In spite of free lateral incisions, however, the amount of tension on the sutures was so great, owing to the scarcity of tissue, that they speedily gave way, and not the slightest benefit was obtained. She was in a most miserable and desponding condition, emaciated, with a wan and anxious expression, and willing to submit to any operation which would rid her of her constant trouble and annoyance.

Accordingly, on October the 18th, the patient having been placed under the influence of ether, and in the lithotomy position, he dissected up a circular belt of mucous membrane from the inner surface of the labia minora, just within the orifice of the vagina. By this means he laid bare a surface, an inch in depth, completely round the vagina. He introduced a curved pewter tube through the recto-vaginal fistula, from the vagina, so that the end protruded out of the anal orifice. The raw surfaces were now brought together with three deep quilled sutures, and five superficial silver wire sutures, so that the orifice of the vagina was completely closed.

After the operation she suffered considerable pain, but otherwise did well. The quilled sutures were cut on the fourth day, and removed on the sixth. On October 30th (the twelfth day after the operation), she was placed under the influence of ether, and the silver sutures were re-

moved. The tube was also withdrawn from the rectum. The whole of the wound was firmly united.

One other point in connection with the case requires consideration, and that is, whether he did right in performing this operation. It seemed to be impossible to close the large opening which existed, and the only other proceeding which suggested itself was inapplicable in this case, and that was to sew the lower margin of the fistula to the posterior wall of the vagina. She would then have menstruated through her bladder, and, of course, would have been incapable of bearing children, but, no doubt, would have been able to fulfil the duties of married life. This plan has been suggested as a remedy, in these cases of extensive destruction of the posterior wall of the bladder, but was not applicable in this case, because there was no urethra, and, therefore, there would have been no power of retaining the urine. Besides, it would not have dealt with the recto-vaginal fistula. Of course, the proceeding condemns the patient to a life of celibacy, and this had to be explained to her before commencing the operation; so great, however, had been her sufferings during seven years of incontinence of urine, that she willingly consented to anything that was suggested which would rid her of her infirmity.

**Pepper's Treatment of Chronic Bright's Disease.**

Before his class at the University of Pennsylvania, Dr. William Pepper (*Med. Times*, April 19, 1884,) presented a woman suffering from chronic Bright's disease and chronic lung trouble, and made the following remarks on treatment:

"With this pulmonary trouble and emaciation, I should be unwilling to treat her with such a rigid diet as I should resort to if she were in a better state of nutrition, and were not the subject of chronic lung disease. She will receive a light breakfast and supper, consisting of some form of mush, with cream or milk. Her dinner will consist of meat, fish, or oysters. Between each meal she will be given a glass of milk; egg will be avoided. The form of albumen found in eggs has seemed to me to dispose to an increased excretion of albumen. I prefer to this lean, under-done meats and oysters.

"I propose to give her cod-liver oil and bichloride of mercury. Iodide of potassium, which I should gladly give her, occasionally irritates the kidneys. I therefore prefer to use bichloride of mercury, beginning with a moderate dose and increasing it as the stomach will permit. I shall

commence with one-fiftieth of a grain, slowly increasing to one-twentieth of a grain, immediately after meals. The cod-liver oil will be given during the alkaline stage of digestion, an hour and a half after meals. Iodine will be applied over the left chest as frequently as can be done without producing too much irritation of the skin. The action of the skin will be promoted by daily friction and the rubbing of a little oil into the skin."

#### Congenital Epulis.

The following case, which, if not unique, is certainly very rare, is reported in the *Brit. Med. Jour.*, April 5, 1884, by Dr. Albert A. Gore:

Mrs. M. J. McC., aged thirty, primipara, was admitted into the hospital on March 5, at 7 a. m., and confined at 3.15 p. m. There was a considerable flooding from a placenta partially attached to the fundus uteri, and a rent in the cervix. Having removed the placenta and checked the immediate hemorrhage, I found, on examining the baby, that the mouth was filled by a bluish-red tumor, which projected between the lips, and was firmly adherent to the lower gum immediately to the right of the mesial line. It had a very peculiar appearance, and precluded all attempts at sucking, but not of swallowing, when a little milk and water were introduced on the left side by means of a spoon. On March 8, I passed a double carbolized silk ligature, from within outwards, through the middle of the tumor, tying it tightly at either side. It came away in two days. A second smaller growth, to the right of the first, was treated in a similar manner on March 17. When this last came away, there was a good deal of bleeding from the gum, which was only arrested by the application of a point of solid silver-nitrate. The infant did very well, and the gum is now (March 24) quite healed.

#### Adulteration of Mustard.

Dr. Cyrus Edson has submitted to the New York Board of Health a report of his inquiry into the adulteration of mustard. The doctor says he found that certain manufacturers were coloring an adulterated mustard with naphthol yellow, a dangerous explosive compound and violent irritant poison. Samples of the mustards, besides being adulterated with naphthol yellow, contained 18 to 60 per cent. of flour and 6 to 20 per cent. of terra alba. He says that "the peculiar danger of this adulteration is the fact that mustard is relied on cases of poisoning as an emetic, and that the

death of the patient may follow in the event of its failure to act."

Yet what was done with the scoundrels who were convicted of making and selling this perilous stuff?

They were let off, with an admonition not to do so any more!

Probably they were big men in their ward, and controlled several dozen votes!

#### The Insanity of Puberty.

The *N. Y. Med. Jour.*, April 5, 1884, tells us that Ball ("L'Encéphale," Jan., Feb., 1884) expresses his opinion respecting the reason for the occurrence of insanity at the age of puberty as follows: The reflex phenomena, which play so prominent a part in grown men, attain the maximum of their development in the child, as Maudsley has pertinently remarked. The majority of intellectual and moral operations performed during the first years of life are sensory and motor reflexes. Automatism plays an immense part during this period of development; and it is only by degrees that individual action is developed, which is sustained by judgment, experience, and volition. Puberty is therefore the epoch at which the greatest psychological transitions take place, and at which the mind is particularly susceptible to the inroads of mental disease. The unfavorable prognosis is, moreover, attributable to the mental arrest which is liable to arise from insanity occurring at this period.

#### Active Interference in the Management of Abortion.

A recent number of the *Zeitschrift für Geburtshilfe und Gynäkologie* contains an article by Dr. H. Spöndly, of Zürich, on the above subject. The interference which he recommends is simply that, in every case of abortion, the medical attendant should take care that nothing is left in the uterus, should completely remove placenta and membranes; and that in every case of threatened abortion, where the hemorrhage is profuse, and does not yield to treatment, the uterus should be emptied as soon as possible. The expulsion of the placenta should not be left to nature. In this recommendation there is of course nothing novel, nor has Dr. Spöndly any new instrument, or method of effecting the desired end. The main importance and interest of the paper is in the fact, that the author gives a series of fifty-three cases in which he acted on the principles which he lays down, and with uniformly good results.

## SPECIAL REPORT.

## OPHTHALMOLOGY.—NO. XVII.

BY C. S. TURNBULL, M. D.,

Oculist to the German Hospital, Philadelphia.

(Concluded from page 574.)

Every one has met with cases of iritis in which atropine does not seem to act promptly and satisfactorily, possibly because an increased tension prevents its entrance, or possibly because of the extreme vascularity of the iris, which I regard as the more probable.

In such cases, instead of making paracentesis or abstracting blood, I instil once a day a few drops of a four-grain solution of eserine. In fact, the habit of distilling eserine once a day in iritic cases has become a routine practice, the patient using the mydriatic in the ordinary manner. Iritis is the only disease in which I employ a mydriatic as the fundamental remedy. In more than one case I have seen adhesions let go under the combined action of the myotic and mydriatic, that had resisted the latter alone. In my judgment, eserine is the remedy *par excellence* in corneal affections. In cases in which mydriasis is necessary, this latter can be produced perfectly, and still the specific effects of the myotic kept up. This is beautifully illustrated in suppurative inflammation after cataract operations, formerly so successfully treated by heat and atropine.

Discussion which followed the reading of this paper:

Dr. McKay said that some years ago he became interested in article written by Dr. Seeley, and published in one of the western journals, in which the use of the yellow oxide of mercury was spoken of very highly. Since that time he had resorted to its use in nearly all cases in which an astringent has been considered desirable in conjunctival troubles, and so far had been very favorably impressed with its effects.

Dr. Gruening said, with reference to the alternate use of mydriatics and myotics for breaking up adhesions, that the method was not quite new. He had seen it resorted to in Paris in 1868. With regard to eserine in iritis, that was something entirely new, and he should regard it as a most dangerous practice. He could produce iritis with eserine at any time in a healthy eye, and also in a diseased eye. His experience had been that iritis was aggravated by eserine. He had used eserine after cataract operations, and had set up iritis. In cases of suppurative keratitis he had ceased to employ eserine completely.

Knapp said, with reference to the use of eserine and atropine, that eserine is apt to produce iritis, and may even be injurious after iridectomy for glaucoma. But there are some forms of iritis, especially the serous variety, where the alternate use of the two remedies is of advantage. Again, in plastic iritis, when there is increase of tension which produces intense pain, the patient sometimes is considerably relieved by the instillation of a drop of eserine.

Seeley said he wished to correct what seems to have been an erroneous impression. It was not the alternate use of eserine of which he wished to speak; not at all. He simply spoke of the use of eserine once a day for the purpose of contracting the blood-vessels, so that the atropine could pass through the corneal tissue more freely. In that way he thought we were able to get up a more free dilatation of the pupil than could be done without the eserine. He had never seen a case in which eserine had produced iritis, and he had used immense quantities of it. He employed it in conjunctival troubles, always in corneal difficulties; once a day cases of iritis which came to the dispensary, of course maintaining mydriasis by the use of atropine.

Knapp had given eserine a faithful trial in corneal inflammation since Thalberg published his observations on keratitis from innunction. He had used it in many cases, and at first thought it controlled this process; but later he had not seen that its beneficial action was in any way constant.

McKay said, that in corneal ulcers it had been his habit recently to use atropine until the inflammation had subsided, and then he used eserine with very good effects, and after such use of eserine he could concur quite fully in what Dr. Seeley had said about that drug.

10. *Treatment of Detachment of the Retina.* By W. F. Mittendorf, M. D., New York, who, during the last three years, has been called upon to treat several cases of very extensive detachment of the retina, occurring in patients that had only one useful eye, the other one being entirely blind or absent.

The good results obtained by the treatment of these eyes, which were practically blind when he saw them first, encourages me to report them today. Although no new remedy or method had been used, it is the combination of the different plans devised for the treatment of this affection, and the mode of administering the remedies, that has led to the success. On account of the uncertainty of the operative measures, these had not been resorted to.



11. *Two Cases of Ectopia Lentis, Congenital Double; one case Non-symmetrical, the other Symmetrical.* By W. S. Little, M. D., Philadelphia.

L. describes two cases of congenital displacement of the lens—a rare ocular deformity, which places the patients in the same condition as those who through accidental or intentional traumatism have no crystalline lenses. One case occurred in the practice of Dr. Little, and the other in that of his friend, Dr. C. S. Turnbull. L.'s case was non-symmetrical, the lenses being displaced upwards and to the left; and in T.'s case both were displaced downward and inward. Superior woodcuts illustrate these typical cases. Convex lenses ("cataract glasses") of 2 to 4" focal distance restored the sight in either case.

12. *"On the Employment of Nitrous Oxide as an Anæsthetic in Ophthalmic Operations."* By George T. Stevens, M. D., New York.

"While the use of nitrous oxide as an anæsthetic is no novelty, its employment has been so largely confined to operations upon the teeth that its merits in other classes of surgical operations have been to some extent overlooked.

"Its more general use in ophthalmic surgery would doubtless be greatly to the advantage of patients and surgeons.

"Laughing-gas, in certain classes of operations, possesses several advantages over all other anæsthetics. It is the least dangerous; its use is not attended with nausea, headache, and other unpleasant symptoms, characteristic of the use of ether or chloroform; and it demands for its administration far less time and trouble than either of these. It is suited for short operations, and in such is quite as effective as either of the more commonly used anæsthetics.

"In brief, my experience has led me to the conviction that nitrous oxide may be employed with advantage in many operations about the eyes. Its use is attended with scarcely any of the inconveniences common to ether and chloroform; it is clean, it does not unfit the patient for immediate examination after operations, it is safe, and instead of requiring a large sacrifice of time on the part of the surgeon, often saves time by enabling him to complete operations more rapidly."

13. *A Contribution to the Operative Treatment of Glaucoma.* By Albert G. Heyl, M. D., Philadelphia, who says: "Not a more brilliant example of the value of the empirical treatment of disease is on record than the history of the application of the iridectomy to the treatment of glaucoma. Originating in what was doubtless the false interpretation of a keen clinical observation, applied

to a disease which even to-day is an unsolved problem, acting in a way which Von Graefe himself could not explain, and which as yet lacks satisfactory explanation, it nevertheless, after twenty years of service, is the main resource in glaucoma. Of course, an operation with such a record must have substantial merit; by this, however, is not meant that the status of the glaucoma iridectomy as a remedial measure is fixed; this can never be until we understand the rationale of its action, and the nature of the disease against which it is used. The practical consequence must be that cases present themselves for treatment where the iridectomy is performed, not because we are persuaded that it is the best possible procedure for the patient, but because we know of nothing better." He describes two distinct conceivable methods of operative treatment which to be appreciated, must be read in full, as carefully detailed as a clinical contribution bearing on the etiology and therapeutics of glaucoma.

14. *Some Additional Remarks on the Theory of the Astigmatic Pencil.* By G. Hay, M. D., Boston.

15. *Four Cases of Sarcoma of the Uveal Tract.*

K. reports four successful cases of enucleation for sarcoma of the uveal tract, all of which go to show the importance of a careful diagnosis and speedy removal of the affected globe. Of the last case he goes on to say, the tumor started from the outer layer of the choroid, as the choroid capillaris was tolerably well preserved in many parts of the surface of the tumor. Although in contact with the sclerotic over a large space, no sarcomatous cells were found in this membrane.

In a paper on the "Diagnosis of Intra-Ocular Sarcomata," Becker says: "Choroidal sarcomata originating in the region of the macula seem from the very beginning to have but little disposition to proliferate in the interior of the eye, but are prone to develop posteriorly in the orbit." That this does not always occur is proved by the above case.

16. *"Case of Ossification of the Choroid."* By Charles J. Kipp, M. D., Newark, N. J.

The eye was removed from a young man, 22 years of age, who was first seen ten years before the eye was enucleated. At that time the eye was free from all signs of irritation. There was an adherent chalky cataract, which, according to statements of the child's parents, was first noticed by them shortly after birth. The iris was atropic. The eye diverged, and had but imperfect perception of light. As the case was hopeless so far as the restoration of sight was concerned, no treatment was advised.

Ten years later the patient was seen again. He was now suffering great pain in the eye. There was much circum-corneal injection. The cornea was clear, the anterior chamber of normal dimensions, and the aqueous clear. The iris was much bulged forward in its central portion, while the pupillary margin was completely fastened to the anterior capsule, and the periphery of the iris was retracted. The pupil was very small, and of the form of a crater. The cataract was as before. The anterior upper ciliary region felt soft to the touch, while at every other part the sclerotic was very hard. The eye was enucleated in the usual way, and the wound healed kindly and quickly.

Examination of the eye showed a very thick deposit of a hard substance (bone) over the whole inner surface of the choroid, reaching to the ciliary body. The bony capsule was perforated at the optic nerve entrance. The retina was detached in the form of a cord. The choroid was thickened. A thick diaphragm extended across the eye, and was adherent to the ciliary body. The lens was in front of and closely connected with this diaphragm. The lens was of bony hardness in parts, but no bony structure could be discovered here. The bony capsule showed the ordinary characteristics of bone. The specimen was presented on account of the very extensive formation of bone, which is certainly not very common; and also because of the youth of the patient from whom the eye was taken. It is doubtful whether there is another case on record in which the formation of bone in the eye occurred so early in life.

17. "Two Cases in which 'Trituration of the Cortex' was Practiced in Connection with Preliminary Iridectomy to Hasten the Development of Slowly-ripening Cataracts." By Samuel Theobald, M. D., Baltimore. "Acting upon the suggestion put forth by Professor Förster, of Breslau, in a paper which appeared in a late number of the *Archives of Ophthalmology*,\* I have attempted recently in two cases to hasten the development of cataracts, which were very slowly maturing, by having recourse to the procedure which he has called trituration of the cortex—a kneading or bruising of the anterior cortical layers of the lens by pressure upon the cornea, after iridectomy, and while the anterior chamber is still empty. In the first case the excision of the iris was followed by hemorrhage into the anterior chamber, and this obscured the pupil to such a degree that trituration, which was done

with the angle of a strabismus hook, as recommended by Professor Förster, was very imperfectly performed. In the second, in which the kneading was done with the smooth end of a Bowman's tortoise-shell cataract spoon, that seemed better adapted to the purpose, there was no hemorrhage, and the operation was satisfactorily completed. In the first, the operation was followed by but slight change in the condition of the lens; in the second, however, a very rapid development of the cataract ensued. In each there occurred a sufficient amount of iritis to cause slight but persistent adhesions to form between the iris and lens at the pupillary angles of the coloboma; and in the second case it was found, upon examination by oblique illumination a day or two after the operation, that near the cut edges of the iris the pigment layer had become detached from the muscular coat in a manner which was quite peculiar. That the iris should be more or less bruised, as well as the lens, however carefully the trituration be performed, appears inevitable, and the risk of exciting inflammation in this way seems the chief objection to the procedure. It would appear, however, that Professor Förster has not had serious trouble from this source, as he makes no reference to it in his paper."

Discussions accompanied this paper, and Dr. Gruening said he had performed Förster's operation twice during the last year, and had already given the result of the operation at the April meeting of the New York Ophthalmological Society. The first case was that of a lady upon whom he had operated for cataract in one eye; she had an immature cataract in the other eye, and inquired whether or not something might be done to hasten the ripening of the cataract. Dr. Gruening performed a large iridectomy upward, and with the angle of strabismus hook also trituated the lens, but only in the area of the pupil. The result was that no iritis occurred, and the lens became completely opaque within one week. He extracted the lens three weeks subsequently with a very good result.

The second case was that of an old gentleman, highly myopic in both eyes, with double cataract. The condition of the gentleman for four or five years was very sad; he was gradually losing the power of reading, and he was anxious to retain his position, which entirely depended upon his vision. Dr. Gruening proposed this operation to him, and in March of this year he came to New York, where he performed iridectomy upward, and again trituated the lens, as in the former case, only in the area of the pupil, and in four days

\*On the Maturity of Cataract: Its Artificial Ripening, Corelyses, and Extraction of the Anterior Capsule. Vol. x., No. 3, September, 1882

the lens was completely opaque. He has not yet performed cataract operation. But if the patient continued to do well, he should in September remove the cataract. There are certainly cases in which the operation is indicated, and it is attended with great gain." This delicate operation is not to be recommended, as discretion is the better treatment part of valor.

18. "*Vaseline-cerate—A Convenient Basis for Ointments Intended for Application to the Eyelids.*" By Samuel Theobald, M. D., Baltimore.

19. "*A Case of Blindness from Retinal Thrombosis in consequence of Facial Erysipelas.*" By H. Knapp, M. D., New York.

"Only a limited number of cases of blindness in consequence of facial erysipelas is on record. Their symptoms vary considerably. There is a lack of ophthalmoscopic examinations during the first stage of the affection. Not long ago I had the rare opportunity of observing such a case almost from the beginning to the end. The results appearing very remarkable in many respects, I feel justified in bringing them to the notice of the society, so much the more so as I can lay before you a number of ophthalmoscopic drawings representing the different stages of the disease.\* The case is as follows:

"Reserving a detailed discussion of this case for a publication in the Archives of Ophthalmology, I restrict myself here to the following remarks:

"1. The blindness was produced by compression of the central retinal veins, both having been directly observed with the ophthalmoscope one day after the occurrence of the rapid, almost sudden loss of sight.

"2. The ophthalmoscopic appearances, observed from beginning to the end, showed no neuroretinitis, but the successive stages of thrombosis.

"The decrease of the swelling of the orbital tissue, or the establishment of collateral circulation from the choroid, permitted the return of a limited flow of blood into the retinal arteries, which, however, being impeded by the blocked veins, led to renewed extravasations, to thrombosis, and shrinkage of the arteries, and finally to atrophy of the optic nerve.

"4. Perivasculitis played no, or only a unimportant part in the pathology of this case.

"5. The white segments in the veins and arteries were white thrombi, not hypertrophy of the walls of the blood-vessels.

"6. The thrombosis was present, in all proba-

\*The drawings, executed in chromo-lithography, will appear in the first number of the Thirteenth Volume of the Archives of Ophthalmology.

bility, also in the orbital veins, but did not, as in other cases, extend to the cerebral sinuses."

20. "*Changes in Refraction Resulting from a Blow.*" By W. H. Carmalt, M. D., New Haven, Conn., who suggests some interesting queries concerning this peculiar form of traumatism.

21. "*A Case of Blepharoplasty according to the British Method.*" By E. Gruening, M. D., New York.

He then describes at length a most successful operation for entropion caused by a burn, having transplanted his flap without a pedicle from the left arm of the patient.

*Case Illustrating the Difficulty in Recognizing Glaucoma.* By Lucien Howe, M. D., Buffalo, New York.

The fact to which he would call attention, he says, is the occasional difficulty of a differential diagnosis of glioma. This is illustrated by the brief outline of a case which is honestly described and is far more instructive than a narration of most successes. He concludes by saying, this is not the first time that a similar error in diagnosis has been reported to this Society. In the "Transactions of 1870," Dr. Allin reports the case of a child from whom he removed both eyes for supposed glioma, and although that diagnosis was confirmed by several colleagues of wide experience, the further examination of the enucleated globes proved that glioma did not exist. The same subject was brought up at the meeting of the Ophthalmological Society of Great Britain and Ireland last October, when Mr. Nettleship presented a paper "On Certain Cases of Destructive Ophthalmitis in Children." In this he pointed out the great difficulty of a differential diagnosis between the results of such inflammations and glioma.

It is to illustrate this difficulty that the present case is reported, realizing that quite as much is learned by failure as by success. Moreover, in view of the constant possibility of error, and also in view of large mortality from glioma in spite of operation; it is questionable whether we are justified in such hasty recourse to enucleation as most writers are accustomed to recommend.

23. "*Comotio Retinae: or Some of the Effects of Direct and Indirect Blows to the Eye.*" By E. Eugene Holt, M. D., Portland, Me.

Prof. F. Von Arlt, in his work, "Injuries of the Eye, and their Medico-legal Aspect," (translated by Dr. C. S. Turnbull, Philadelphia,) under the head of "Participation of the Retina in Contusion or Concussion of the Bulb," discusses the subject very fully.

Dr. Holt does not include it among the bibliography of the subject, but it is referred to in a footnote. The association of pupillary symptoms in these cases leads to the consideration of whether they are due to want of reflex to light or iridoplegia; or if the retina is affected secondarily to the cause that produces the anomalies of the iris; the ciliary muscle and the choroid being affected as well and thus affecting the nutrition of the retina, the pupil being primarily affected by the traumatism, and less sensitive secondarily to influence of light on the retina. A case recently observed, hit with a piece of coal some weeks prior to the patient being seen, had no pupillary symptoms then; but a large white patch down and out from optic nerve; this, under treatment, gradually subsided; a scotoma existed, and gradually became less as the opacity diminished. The pigmented condition at points showed the choroid had been involved, and yet no apparent rupture recognizable. Until the evidence of commotio of the brain and spinal cord is obtained, no solution of continuity existing; the subject of commotio retina, while interesting, is not proved. Arlt agrees with this statement.

24. "*Two Cases of Ophthalmoplegia Externa Associated with Disease of the Optic Nerves, from Brain Tumor, with an Account of the Post-mortem Examination.*" By Chas. Stedman Bull, M. D., New York.

These cases are of peculiar interest not only to the ophthalmologist, but also to the neurologist, as they are carefully worked up.

## CORRESPONDENCE.

### Thomsonianism—Lobelia.

EDS. MED. AND SURG. REPORTER:

In the 5th of April No. of the REPORTER you refer to Thomsonian practice in the use of lobelia, and intimate that you would accept further statements. I do not think that very much is definitely known about this powerful drug. I have a few indefinite statements I will make, if for no other purpose than to relieve the tediousness of continual sober facts.

Thirty-one years ago just now, I bought out a physician, and entered into practice in a town on the Penobscot Bay, and, as luck would have it, I found Thomsonianism rife in many of the best families all about me. No one claimed to be an educated physician, and even some old women were respected as the administrators of lobelia, "hot crop," cayenne, byberry, etc. There was one physician in an adjoining town, who had a large practice and was highly esteemed by those of that way of thinking, and his visits to my neighborhood were frequent and profitable.

It seemed to be a general idea with this people

that lobelia was quite a harmless agent. It was given in large doses, and, when designed as an emetic, it was preceded and accompanied by soda and hot teas. I often heard of cases of complete prostration and relaxation following its use. This did not seem to frighten them, but, on the contrary, was regarded as a proof of its specific effect, as it was "working through the system." Hence they, in many cases, sought to carry the dosing till the patient "could not lift a finger from the bed." Patients rather boasted that they had themselves taken it to this extent. I was acquainted with a highly nervous young woman who had often been so relieved, but as she has so long remained an invalid, though of excellent constitutional stock, there is reason to believe that this drugging was a harm to her.

It is certain that this mode of practice was damaging to typhoid fever, though the believers in it were blind enough to brag on its success in such cases. Sure it is, that the fever cases under this ablest physician were much more aggravated and fatal than such cases which fell to my lot, or that of regular physicians in general. I was called to one young man just before he died, the mucous membrane of whose mouth looked puffy, as though it had been parboiled. When his friends expressed a wish to send for me, the physician desired delay till he could try one other medicine, which he did, for he said he had one which he had given and known to have been given several times "after persons had breathed their last, and it had brought them to." I saw a child with croupy symptoms, but the next day he was out and the father told me that I need not call again, but if necessary he would send for me. A day or two later, the child being worse, another physician was called, who gave an emetic dose of lobelia, which did not operate, and I was hastily sent for, and arrived in season to see the child die, but not of dyspnea. I think the child died from the direct prostrating effects of the dose. Indeed, I have reason to believe that many patients were so killed, while the cause of their death was ignorantly attributed to something else. However, the practice of using so much hot stuff acted the part of stimulants, and doubtless did something to avert the tendency to fatal prostration, which otherwise must have been common. Soda, when used, in a measure neutralizes its active principles.

While it is possible some cases may have been saved by this heroic dosing, which milder measures would not have reached, I am positive that many lives were sacrificed by it which a more rational course would have cured.

At one time the physician referred to came into my neighborhood to attend a young woman in confinement. It proved to be a breech presentation, and I was summoned to his assistance, and delivered the lady in good shape, and left her in his care. He gave her nothing to quiet nervousness and procure sleep, though he remained in the house the rest of the night. The patient after a couple of hours complained of some pain. He was called up to see her, and gave her a dose of tincture of lobelia, which set up vomiting, which in turn was followed by convulsions, from which she never recovered. Taking the patient of very ner-



vous temperament, who had had a tedious labor with first child, and who was exhausted for want of food and sleep, the remedy he gave was certainly inopportune, and we can hardly wonder at the result. That she was killed when a different plan would have saved her, is quite certain.

On some constitutions in particular it acts like tobacco, inducing sudden and extreme prostration, while our means to combat this untoward depression are none the best. I have myself suffered great depression from small portions of both these agents. A dose of the latter given me by injection for colic more than twenty-five years ago, so injured my nervous system that I have never recovered from it. Of both these agents, in any considerable doses, I am afraid. Yet I use lobelia in several diseases, particularly in asthma and coughs. Indeed, I know an eminent physician who assured me that he does not consider a cough mixture complete without lobelia. I use it in connection with sanguinaria in the catarrhal croup of children, in which cases it works admirably; and yet I do not know but the benefit of the medicine is due to the sanguinaria, as I have lately seen it highly extolled in such cases.

A frequent practice among the Thomsonians was to get the patient steaming hot with abundant hot teas, hot stones or bottles of hot water in bed, or over burning alcohol in a chair, and then suddenly dash cold water or vinegar over the patient. A stout burly sheriff of my acquaintance was thus got hot over alcohol, when the pretended doctor sent down to the cellar and got a pint of almost ice-cold vinegar, and pulling away the clothes from the patient's bosom, dashed the vinegar in. This instantly gave a spasm to the fist, which "striking out from the shoulder," piled the doctor and his empty vinegar-dish into the corner together, when he was told to "get up, and get out of this as soon as possible."

There is no doubt that lobelia contains valuable properties for some diseases in some constitutions; but as it is, as I believe, a treacherous medicine, without reliable antidotes to its ill effects when they occur, as they often will when it is used in large doses, and as we have so many other better known and more reliable medicines for nearly all the purposes to be accomplished by this, the real sphere of its usefulness narrows down to a few diseases in which only small doses of the remedy are required. This, I believe, is where lobelia must stand in the light of to-day.

Boston, Mass.

E. CHENEY, M. D.

## NEWS AND MISCELLANY.

### Medical and Chirurgical Faculty of Maryland.

At the eighty-sixth annual meeting held in Baltimore, April 22, 23, 24, and 25, the following papers were read:

"Report on Surgery," by Dr. J. Edwin Michael.

"The Efficacy of Iodoform in Preventing Uterine Colic and Pelvic Inflammation following the Intra-uterine Application of Nitrate of Silver," by Dr. W. A. B. Sellman.

"Report in Section of Practice," by Dr. A. B. Arnold.

"Some Practical Views on Dietetics in Disease,

or the Relation of Dietetic Errors to Disease," by Dr. William Pepper.

"The use of Ergot in Obstetrics," by Dr. P. C. Williams.

"Report on Materia Medica and Chemistry," by Dr. A. Atkinson.

"The Sanitary Needs of the Poor," by Dr. C. W. Chancellor.

"Some Sanitary Statistics of Baltimore in the Past," by Dr. John Morris.

"Four Cases of Abscess of the Brain," by Dr. J. W. Chambers.

"The Progress of Bacterial Pathology," by Dr. Joseph T. Smith.

"Preventable Blindness," by Dr. Samuel Theobald.

"Removal of Fragments of Iron from the Eye by the Magnet," by Dr. Chisholm.

"Photo-micrography," by Dr. A. G. Hoen.

"The Influence of Lung Retractivity in Pleurisy and Pneumothorax," by Dr. F. Donaldson.

"Brain Localization," by Professor G. Stanley Hall.

"Suicide, with Presentation of Mechanical Means of Restraint," by Dr. J. S. Conrad.

"The Maximum Volume of Blood sent out by the Left Ventricle in a Single Beat, and the Influence of Variations in Venous Pressure, Arterial Pressure, and Pulse-rate upon the Work Done by the Heart," by Drs. W. Howell, and F. Donaldson.

"The Result of Operative Measures for Rectal Cancer—Report of Cases," by Dr. L. McLane Tiffany.

"The Common Sassafras a Potent Drug and a Dangerous Narcotic," by Dr. Charles G. Hill.

"Cases of Reflex Cough, due to Nasal Polypi, with Remarks," by Dr. John N. Mackenzie.

"Some Remarks on a Recent Epidemic of Typhus at Bay View Hospital," by Dr. George B. Reynolds.

"Congenital Anomaly of the Foetal Heart, consisting of the Absence of one of the Segments of the Mitral Valve in which a Systolic Murmur was Heard Before Birth," by Dr. Eugene F. Cordell.

"On Certain Practical Points in the Pathology, Clinical History, and Treatment of Cancer," by Dr. George H. Rohé.

"Results from the Investigation and Study of Cow-Pox," by Dr. St. George W. Teackle.

The following officers were elected for the ensuing year: Dr. Thomas S. Latimer, President; Drs. John R. Quinan and J. E. Atkinson, Vice-Presidents; Dr. G. Lane Taneyhill, Recording Secretary; Dr. Robert E. Wilson, Assistant Secretary; T. B. Brune, Corresponding Secretary; Dr. W. F. A. Kemp, Treasurer; Dr. Richard Thomas, Reporting Secretary; Drs. Williams, Michael, Stewart, Tiffany, and Lynch, Executive Committee.

### Texas State Medical Association.

The sixteenth annual session of this Association was held at Belton, April 22, 23, 24, and 25, when the following papers were read:

"Evolution," by Dr. R. W. Park.

"An Historical Resumé of Medicine," by Dr. A. P. Brown.

"Bimuriate of Quinia with Urea Used Hypodermically," by Dr. R. P. Falley.

"Continued Fever," by Dr. S. H. Stout.

"Mineral Waters of Texas, notably Wooton Wells, Lampasas, and Palo Pinto Springs, Sulphur and Luling Springs, and Sour Wells," by Dr. J. M. Willis.

"Intestinal Parasites in Texas," by Dr. C. M. Ramsdell.

"Hot Water in Heart Failure from Hydrate of Chloral," by Dr. C. R. Johnson.

"Alcohol as a Poison," by Dr. J. C. Milner.

"Animal Ligatures from the Texas Mule-eared Rabbit," by Dr. H. W. Dudley.

"Mulberry Calculus from a Female Child, Aged Four Years," by Dr. J. D. Osborn.

"Mulberry Calculus," by Dr. T. H. Nolt.

"Mulberry Calculus," by Dr. W. H. Brown.

"A Case of Periosteum Grafting," by Dr. C. W. Trueheart.

"Antagonism Between Syphilis and Carcinoma," by Dr. Edward Goldman.

"Near-sightedness Caused by a Carious Molar," by Dr. G. P. Hall.

The following papers were read by title:

"Fibro-Cystic Tumor," "Typho-malarial Fever," "Blood-letting Traits," "Operation Cyclone," "Surgery of the Lying-in Chamber," "Prolonged Vomiting," "Magnesia Sulphas as a Cholagogue." Referred to the Committee on Publication: Dr. W. J. Burt, chairman; Dr. J. E. Daniels, and Dr. J. S. Broils.

The following officers were elected for the ensuing year:

*President*.—Dr. H. C. Ghent, of Belton.

*Vice-Presidents*.—Dr. E. P. Becton, of Sulphur Springs; Dr. H. H. Darr, of Caldwell, and Dr. M. Martin Hearne.

*Secretary*.—Dr. W. J. Burt, of Austin.

*Treasurer*.—Dr. J. Larendon, of Houston.

The next meeting will be held at Houston, Texas, in April, 1885.

#### American Medical Association.

The American Medical Association convened in annual session in Washington, May 6th, over 500 members being present. An address of welcome to the members of the Association was delivered by Dr. Garnett, after which a report of the executive committee was read, setting forth the arrangements made for the reception and entertainment of the delegates. Dr. Austin Flint, president of the association, then delivered his annual address, in which, after reviewing the history of the association, he dwelt particularly upon the advance which was constantly being made in medical knowledge. He suggested that a committee on education be appointed to confer with the faculties of schools and colleges in order to secure uniformity in the standard of requirements for matriculation and graduation; also that the title of M. D. be made simply honorary, and that it should not entitle a person to practice. Dr. Flint further recommended that a resolution be adopted specifying with more precision the grounds for refusing co-operation with irregular practitioners. He thought that the assuming of some sectarian name ought to place the practitioner out of the pale of the medical code, and this sentiment was applauded by the listeners. In concluding, the president paid a tribute to the

service of the late Dr. S. D. Gross, of Philadelphia, an ex-president of the association.

After announcement of the meetings of the various State delegations, the association adjourned until the next day.

In the evening, the members of the association, with their wives and other ladies of their families, were given an official reception at the White House.

A full report of the meeting will be given in our next issue.

#### Arkansas State Medical Society.

The ninth annual session of this Society was held at Little Rock, April 30, May 1 and 2. The following papers were read:

"Concussion of the Spine," by Dr. E. Bentley, U. S. A.

"The Germ Theory in Syphilis," by Dr. W. P. Hart.

"Some Ideas on Antiseptics and Antisepsis," by Dr. R. B. Christian.

"Procidencia Uteri, Attended with Rupture," by Dr. D. C. Ewing.

"The Germ Theory of Malaria," by Dr. W. P. Hart.

"Use of Opium in Congestive Forms of Fever," by Dr. J. J. McAlmont.

"The Management of Dyspepsia," by Dr. T. E. Murrell.

"Congenital Extrophy of Bladder," by Dr. G. W. Hudson.

"Gun-shot Wound of Bladder," by Dr. W. F. Blackburn.

"Laceration of Cervix, Complicating Epithelioma of Same," by Dr. J. T. Jekis.

#### University of Pennsylvania.

At the annual commencement of the Medical and Dental Departments of the University of Pennsylvania, held in the Academy of Music on Thursday, May 1, 1884, the degree of Doctor of Medicine was conferred upon 103 graduates, and that in Dentistry upon 32.

The degree of LL. D. was conferred upon Professor S. D. Gross, and a portrait of Professor Stillé was presented by Dr. Wm. A. Bachelor, on the part of the graduating class, and was received by Dr. S. Weir Mitchell, Chairman of the Medical Committee of the Board of Trustees. The valedictory address was then delivered by Theodore G. Wormley, M. D., LL. D.

The prizes conferred were as follows: The Henry C. Lea prize of \$100 to George A. Bodamer; a \$50 prize to Edgar H. Steer, for first honor; the Alumni prize of \$50 to Wilmer H. Batt; the Faculty prize of \$50 to Hobart Amory Hare; "Agnew's Surgery," to Edgar Steer; microscope to Albert E. Norton.

#### An Anti-Vivisection Defeat.

The French Court of Cassation has quashed a judgment obtained some time ago by the proprietress of an hotel near the Sorbonne, awarding damages for disturbance to her trade caused by the howlings of dogs undergoing vivisection at that institution. The Court holds that the physiological experiments in question constitute a

branch of instruction given by the State, and that M. Paul Bert, against whom the judgment was obtained, and other professors of every rank, accomplish by such experiments a public service.

#### Georgia State Medical Society.

At the thirty-fifth annual session of this society held in Macon, April 16, 17, and 18, the following officers were elected for the ensuing year:

*President*—Eugene Foster, M. D., of Augusta.

*Vice-Presidents*—Drs. J. B. Roberts, of Sandersville; and W. D. Bozzell, of Atlanta.

*Secretary*—Dr. James A. Gray, of Atlanta.

*Treasurer*—Dr. E. C. Goodrich, of Augusta.

The next meeting will be held in Savannah, on the third Wednesday in April, 1885.

#### The Power of Health Boards.

A recent suit in a New Jersey court brought up the question whether the Health Board of the city of Paterson had a right to control the thickness of the walls of new buildings, under a charter which gave the power to "regulate dwelling houses." The Court held that this statute only gave the power to regulate houses in order that they might be free from disease. The word "health" was broad enough, it was said, to embrace the idea of safety as well as freedom from disease, but this was not the general meaning of the word, and was not the intent of the Legislature. The powers of the Health Board must, therefore, be confined to sanitary matters.

#### The University of Moscow.

In this University during 1883 there were altogether 2,799 students, 1,316 of these being medical. The number of professors amounted to 81, 32 of them belonging to the medical faculty. There were also eight *privat doctores*, almost all of whom belonged to the medical faculty.

#### Items.

—An apparatus for lighting doctors' gigs or broughams by electricity has been successfully used in England. The Swan light is used, and a portable battery.

—According to recent decisions by the Treasury Department, the duty on effervescent citrate of magnesium is fixed at 25 per cent., and that on carbon battery plates at 20 per cent., *ad valorem*.

—The Egyptian Government has abrogated the decree instituting a Council of Health, and has established a directorship of sanitary services attached to the Ministry of the Interior, in whose hands such services shall be centralized.

—Dr. Giovanni Paccinini ligated the subclavian artery on a boy, fourteen years of age, on January 5th, in Rome. The operation was done on account of a wound of the left axilla, which involved the artery and vein. The boy was in a satisfactory condition fifteen days afterward.

—The *Gazette Hebdomadaire de Médecine et de Chirurgie* quotes a Rio de Janeiro newspaper to the effect that Dr. Domingos Freire's supposed discovery of the contagium vivum of yellow fever, and of the practicability of preventing the disease by inoculation, are attested thus far by 211 successful inoculations.

—"Coffee essence," an article used for making coffee in some of the cheap coffee-houses of New York city, has been analyzed by order of Dr. Cyrus Edson, of the Sanitary Bureau, and it is said that many specimens have been found to have been grossly adulterated, with dried blood for example, and that the manufacturers will be prosecuted.

—To a recent meeting of the Sheffield Medico-Chirurgical Society, Mr. G. K. Thorpe introduced a patient with an indurated sore at the outer side of the left eyebrow. The chancre had nearly healed. There were secondary symptoms. At the same meeting Dr. Cleaver showed upwards of one hundred lumbricoid worms, which had been passed by a child three years of age within seven days, by the help of *santonin* and *calomel*.

—Dr. E. M. Moore, jr., has elaborated a plan for the proposed Children's Hospital of Rochester, to be built on the shore of Lake Ontario. The edifice, if constructed, will accommodate about thirty patients, and will be used during the summer months for infants who are stricken with cholera infantum and other summer maladies for the relief of which pure air is necessary. The hospital will cost about \$10,000.

—At a recent meeting of the Berlin Medical Society, Professor Virchow showed photographs of a gigantic palm-tree in the island of Cos, under the shade of which Hippocrates is said, by tradition, to have held medical consultations. The tree now stands in the market-place of the town of Cos, on the east side of the island. The branches, which spread over nearly the whole of the market-place, are supported by marble pillars.

#### OBITUARY NOTICES.

SAMUEL D. GROSS, M. D., LL. D., D. C. L., OXON., LL. D. CANTAB.

Our readers will be pained to learn that this distinguished surgeon has departed from among us, his death having occurred at twenty minutes before one o'clock on Tuesday, May 6.

Samuel D. Gross was a native of this state. His birthplace was near Easton, and the date of his birth July 8, 1805. He was educated at the classical academy, Wilkesbarre, and at the high school, Lawrenceville, N. J. He began his medical studies at an early age under the preceptorship of Dr. J. K. Swift, of Easton, and continued them for nearly two years under the private tuition of the celebrated Professor George McClellan, M. D., of this city. Dr. McClellan, with a number of prominent citizens, was greatly interested in the foundation of Jefferson Medical College, and the future professor whose eloquence was so often to echo from its walls in after years, graduated from that institution in 1828, and at once entered upon practice in this city. The leisure time which every young physician has his full share of, young Dr. Gross employed in translating several standard French and German medical works. But his ability removed him far above the province of the mere translator, and only two years after his graduation he brought out his first original work, a treatise on "Diseases and Injuries of the Bones and Joints." During the year that marked his appearance as an author he removed to Easton, but his residence there was terminated

in 1833 by his election as demonstrator of anatomy in the Medical College of Ohio. Two years later he was chosen professor of pathological anatomy in the Medical Department of the College at Cincinnati, where he delivered the first systematic course of lectures ever given on morbid anatomy in the United States, writing, in the meantime, his second original work, "The Elements of Pathological Anatomy." This, also, was the first production of the kind published in this country.

Prof. Gross' next invitation to a post of important trust and responsibility came from the University of Louisville, where his services were called for in the chair of surgery. For ten years he labored in that institution, stamping upon it indelibly the impress of his professional genius, and left it only to accept the same chair in the University of New York, where he was the successor of the celebrated Dr. Mott. Louisville, however, was determined not to give him up. His former colleagues in that city were eager for his return, and at the end of the first session he went back to the Louisville University and remained there till 1856, when his alma mater summoned him to return as a teacher to the halls whence he had gone forth as a distinguished student. Dr. Gross finally obeyed the summons, and his brilliant record culminated in the labors of the succeeding period of twenty-six years. Shortly after settling in this city, he founded the Philadelphia Pathological Society, of which he was the first president. In 1867 he was elected president of the American Medical Association. Four years later he was chosen chairman of the Teachers' Medical Convention at Washington. In June of the same year he was elected president of the Pennsylvania State Medical Society, and in 1872 he went to Europe, whither he had already made one trip for rest and health. On the occasion of his second visit he went, not as a rising, but still unknown physician, with only a local reputation, but as a master in his science, a surgeon of brilliant success, and an author whose reputation was as wide as civilization. The University of Oxford, while Dr. Gross was in England, held its one thousandth commemoration, and as a feature of that occasion, gracefully complimented the American Faculty of Medicine in conferring upon its distinguished representative the honorary degree of D. C. L. The University of Cambridge in 1880 followed the example of its sister institution by conferring upon Dr. Gross the degree of LL. D., which he had previously received from Jefferson College, and at the recent Tercentennial of the University of Edinburgh, he was granted the honorary degree of LL. D. Honors now came thick and fast, and not the least among them was Dr. Gross' election, in September of 1876, to the presidency of the International Medical Congress, which met in this city. Four years afterwards the eminent surgeon founded the American Surgical Association, which met on the 29th of April at Washington, and of which he was president. In 1882, Dr. Gross organized the American Academy of Surgery; but in the same year, signalized by his bringing out a new edition of his celebrated work on Surgery, which has been translated into several languages; he resigned his professorship at Jefferson College, to the great regret not only of all connected with the institution, but of the gen-

eral public, though he still continued the active practice of his profession.

The work just referred to is the system of surgery which has passed through five editions, and upon which his posthumous fame will probably depend. The work appeared in 1859, and the last edition was brought out in 1882. In 1863 it was translated into Dutch, and has since, as already stated, been translated, as a text-book, into the languages of most of the leading colleges of Europe. Among other works which he wrote or edited are the "American Medical Biography," "A History of the Progress of American Surgery," and "A History of American Medical Literature." Dr. Gross was one of the founders and early presidents of the Kentucky State Medical Society, and has been elected an active or honorary member of the Royal and National Medical Societies of England, Scotland, Austria, Norway, and other European States.

Professor Gross, at the dinner given to him in this city on April 10, 1879, said: "After fifty years of earnest work I find myself still in the harness; but although I have reached that age when most men, tired of the cares of life, seek repose in retirement and abandon themselves to the study of religion, the claims of friendship, or the contemplation of philosophy, my conviction has always been that it is far better for a man to wear out than to rust out. Brain work, study, and persistent application, has been a great comfort to me, as well as a great help; it has enhanced the enjoyment of daily life and added largely to the pleasures of the lecture-room and of authorship; indeed, it will always, I am sure, if wisely regulated, be conducive both to health and longevity. A man who abandons himself to a life of inactivity, after having always been accustomed to work, is practically dead."

#### CHARLES T. HUNTER, M. D.

Dr. Charles T. Hunter, late Demonstrator of Anatomy in the University of Pennsylvania, died April 28, 1884, aged forty-one years, after a protracted illness of nearly three years. He suffered from blood-poisoning, induced by a dissecting wound. Dr. Hunter was born in North Bloomfield, Trumbull county, Ohio, January 13, 1843. Receiving his preliminary education in New England, he entered the Medical Department of the University of Pennsylvania, graduating in 1868. Upon receiving his degree, he established himself in practice in Philadelphia, having been for some years assistant to the chair of Surgery in the University. He was a member of the College of Physicians, Pathological Society, and the Academy of Natural Sciences, and had been surgeon to the out-patient department of the Pennsylvania Hospital.

He was a most conscientious and diligent laborer in the medical vineyard, and his death is a great loss to the profession, though to him it is a blessing, as he had been a great sufferer during these three long and weary years.

#### MARRIAGE.

FAGER—MARSHALL.—In Harrisburg, Pa., January 31, 1884, by the Rev. J. A. Melick, C. M. Fager, M. D., and Miss B. B. Marshall, daughter of Dr. R. C. Marshall, West Fairview, Pa.